

In the case of an electronically sent application the signature must be scanned in.



# Easter School APPLICATION FORM 16<sup>th</sup>–18<sup>th</sup> of April 2018

Applicant Name: \_\_\_\_\_

Contact address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Current phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/-----

Gender:            Male:             Female             Other

Social Worker Name: \_\_\_\_\_

Contact number for social worker: \_\_\_\_\_

Social worker email address: \_\_\_\_\_

Name of your school: \_\_\_\_\_

What year group are you? \_\_\_\_\_

Do you have a disability, learning difficulty, SEN need or similar?

Yes:             No:

Continued ...

Page 2

If yes please specify: \_\_\_\_\_  
\_\_\_\_\_

In one or two sentences, can you please tell us why you would like to attend the Easter school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/carer information and consent**

Parent/carer name: \_\_\_\_\_

Parent/carer phone number: \_\_\_\_\_

Parent/carer mobile number: \_\_\_\_\_

Parent/carer email address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Please provide the address where the applicant should be picked up and dropped off from:

Is there any information Canterbury Christ Church University should be made aware of, if so please specify: \_\_\_\_\_  
\_\_\_\_\_

Please return all completed paperwork  
by the 19<sup>th</sup> of March 2018

Continued ...

Page 3

Please provide details of any disabilities or illnesses and details regarding any medication where relevant: \_\_\_\_\_

---

---

## Data Protection

The information that has been provided in this form is confidential and will be treated in accordance with the Data Protection Act (1998). Only organisations that require the information for the funding, delivery, evaluation and tracking of the Easter School Programme, the student's school/college and the Higher Education Statistics Authority will be given access to the data. We will NOT use the data provided in this form for marketing purposes.

Please note: Due to both the Data Protection Act (1998) and child protection policies, only the parent/carer who has signed the form can be given access to the data provided.

---

# Easter School 16<sup>th</sup>–18<sup>th</sup> of April CODE OF CONDUCT

You must read this **Code of Conduct**, and **you and your carer/ guardian must sign** overleaf if you intend to participate in the Easter School at Canterbury Christ Church University.

### Expected Behaviour

Attendance at this Easter School will be very different from your experience at your current school/ academy. The Easter School is designed so that you and all the other students attending may benefit from the course and enjoy a University experience. In order to do this, you will be expected to show responsible behaviour while attending

Please return all completed paperwork  
by the 19<sup>th</sup> of March 2018

Continued ...

Page 4

the Easter School. You must also respect the rights of other students and Easter School staff, as well as University property.

## **Rules and Regulations**

For health and safety and so **all** attendees can benefit from and enjoy the Easter School experience, the following rules and regulations will be in operation:

- You must not bring alcohol to Easter School, nor must alcohol be consumed or bought at any time during the week.
- The purchase or use of any illegal substances is strictly forbidden.
- Smoking is only allowed if you are aged 16 and over and your carer/social worker has informed us and given consent. The University has a non-smoking policy so smokers will be expected to use designated smoking areas and will be accompanied at all times. You will not be allowed to buy cigarettes whilst on Easter School.
- You are expected to attend all timetabled activities unless there is a valid reason for absence, such as illness.
- You must not leave the Easter School site without permission from appropriate staff.
- During supervised visits you must not wander away from the group at any time.
- In the event of an emergency (such as a fire drill) you will be expected to follow the correct emergency procedure. This will be explained to you by Easter School staff.

## **Serious Incidents of Misbehaviour**

In the event of you being involved in serious incidents of misbehaviour, such as fighting, racial abuse or the use of illegal substances, you will not be allowed to continue on the Easter School and arrangements will be made for you to be collected by your parent/ carer/ guardian and taken home.

## **First Day of Easter School**

On the first day of the Easter School, or when undertaking specific activities, staff will explain any additional rules and regulations. It is expected that you will adhere to them for your own health and safety, and that of other students and staff.

**DECLARATION**

I have read the information presented in this **Code of Conduct** and agree to adhere to the rules and regulations listed.

I also agree to adhere to any additional rules and regulations explained to me on the first day of the Easter School, and when undertaking specific activities.

I understand that I will not be allowed to continue on the Easter School in the event of serious misbehaviour on my part.

**NAME OF STUDENT:** \_\_\_\_\_

**SIGNATURE OF STUDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*(Print name of Carer/ Guardian)* \_\_\_\_\_

understands the expectations that have been agreed above.

I agree that a designated member of the Easter School may supervise the medication my child/ ward has to take. *(If appropriate, please give full details on the Medical/ Dietary Needs Form.)*

I undertake to collect my child/ ward without delay if s/he contravenes this agreement.

**SIGNATURE OF PARENT/ CARER/ GUARDIAN/**

\_\_\_\_\_

I am the  Parent  Carer  Guardian

**SIGNATURE OF SOCIAL WORKER**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

## Consent for Photography and Filming Easter School 16<sup>th</sup>– 18<sup>th</sup> of April 2018

TO BE COMPLETED BY PARENT/CARER OR SOCIAL WORKER

During the Easter School photographs and video filming may be taken of the applicant. These materials may be used in the future to promote the University or future Easter Schools.

Please complete and sign the following consent form which gives permission for such materials to be produced and used.

If you wish to **not** give your consent then you should still complete and return the form but write 'Consent Not Given' in place of your signature.

### CONSENT FOR PHOTOGRAPHY & FILMING:

I hereby consent to any recording of (insert applicants full name) \_\_\_\_\_ on videotape, film, audiotape, digital medium or otherwise. I authorise the use of such recordings for any proper and legitimate educational or commercial purposes.

I further agree that you may use any pictures, likeness and biography for the purpose of promoting the programme.

Name of Parent/Carer: \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_

Please return all completed paperwork  
by the 19<sup>th</sup> of March 2018

Name of **Student Applicant** (please print): \_\_\_\_\_

Date: \_\_\_\_\_

**Medical / Dietary Needs Form  
Easter School  
16<sup>th</sup>–18<sup>th</sup> of April 2018**

**To be completed with the parent/carer or social worker**

Please complete this form in full, even if you believe you have already supplied us with this information. It is for your health and safety that we require this information.

You might want to get a carer/ guardian to help you fill this out as they will have to complete the second side of this form, sign and date it.

Dietary/Medical Request Form for (insert full name of applicant):

\_\_\_\_\_

**Medical Information**

Please return all completed paperwork  
by the 19<sup>th</sup> of March 2018

Continued ...

Page 8

- a) Do you have any medical conditions requiring medical treatment, including medication?      **Yes**       **No**

If Yes, please provide details:

- b) Please outline any special dietary requirements you have:

- c) To the best of your knowledge, have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?      **Yes**       **No**

If Yes, please give brief details:

- d) Are you allergic to any medication or foodstuff?

If Yes, please specify:

- e) To the best of your knowledge when did you last have a tetanus injection?

Please return all completed paperwork  
by the 19<sup>th</sup> of March 2018



TO BE COMPLETED BY PARENT/CARER OR SOCIAL WORKER

**Your parent/carer or social worker should complete this section of the form. Please ask them to sign and date the form in the box at the bottom of this page.**

I will inform the Easter School Co-ordinator as soon as possible of any changes in the medical, dietary or other circumstances of (insert applicants name)

\_\_\_\_\_ between now and the

commencement of the Easter School on the 16<sup>th</sup> of April.

**Declaration**

I agree to \_\_\_\_\_ (*child's/ ward's name*) receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

PLEASE PROVIDE UP-TO-DATE CONTACT DETAILS BELOW:

**Contact telephone numbers:**

Mobile: \_\_\_\_\_ Home/Work: \_\_\_\_\_

**Alternative emergency contact:**

Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Address: \_\_\_\_\_

Is there any information you feel we should know about the applicant, which may have an impact on their time with us. Any information given will be treated with strict confidentiality.

Signed: \_\_\_\_\_ (Parent/Carer/Social Worker)

Date: \_\_\_\_\_

Please print your full name in (CAPITALS): \_\_\_\_\_

I am the      **Parent**             **Social Worker**

Thank you for your application.  
Canterbury Christ Church University will be in touch to confirm your place at our Easter School. We will be in touch a couple of weeks before the start of the Easter School to confirm travel arrangements.

**If you have any concerns please do not hesitate to call or email us.**

**Please return all paperwork by Monday the 19<sup>th</sup> of March 2018.  
Please email the paperwork across to [charlotte.welsby@canterbury.ac.uk](mailto:charlotte.welsby@canterbury.ac.uk)  
(The signature must be scanned in)**

Please return all completed paperwork  
by the 19<sup>th</sup> of March 2018