



CONSENT FORM

I _____ (parent/carer's name) give permission for my son/daughter/ward _____ (name of child) to attend a college course.

I agree to:

- Support his/her regular attendance and ensure that he/she is on time.
- Inform the college if my son/daughter/ward is going to be absent from classes.
- Support my son/daughter by attending college Parents Evenings.

I give consent for him/her to:

1. Travel to and from college as agreed by school/parent/carer.
2. Be unsupervised during break times and lunch times.
3. Take part in workshop activities relevant to their programme which may involve the application of product and the operation of machinery.
4. Take part in off-site activities relevant to their programme. (The college will notify you in advance of the visit/activity and give you the appropriate forms to sign).
5. Receive medical assistance if required.
6. Have photographs taken for identification purposes.

I confirm that:

- Issues regarding Health and Safety and insurance requirements have been explained to me. I agree to the arrangements that have been made regarding attendance, behaviour and supervision.
- I have read and understood the attached Data Protection letter. I give consent to the college/school exchanging information covered by the Data Protection Act 1998. I understand that the information I or my son/daughter/ward provide will be shared with other organisations for the purpose of Health and Safety, administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, Young Peoples Learning Agency or their partners.

I understand that while the staff in charge of the activity will take reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter/ward arising from the activity.

This consent form does not reduce or replace the Local Authority's statutory obligation to you or your child.

Signed: _____ (parent/guardian) Signed: _____ (learner)

Name: _____ (PRINT) Name: _____ (PRINT)

Date: _____ Date: _____

Please return to Sara Carswell, City College Birmingham, Fordrough Campus,
300 Bordesley Green, Birmingham, B9 5NA.

Thank you