



4<sup>th</sup> July 2018

Dear Parent

**Re: Nottingham Trent University 'Growing Lives' Day – Tuesday 17<sup>th</sup> July 2018**

Your child has been invited on a visit to Nottingham Trent University. **Please note the visit will take place on Tuesday 17<sup>th</sup> July, a day later than originally planned.** This is an opportunity to get a taster of university life and to find out about the different opportunities that a university offers. The visit is specifically for children who are living in care. During the day there will be a range of activities to include:

- Meet and greet with NTU Student Ambassadors
- Session identifying individual strengths, what they may want to be in the future
- Fun tour of the campus with university students
- Lunch - provided free
- Career and contingency planning- what to do if their plans change

We will be travelling by public transport (bus), leaving school at approximately 9.00am and returning at approximately 3.30pm. Exact times will be confirmed nearer the time.

There is no cost for the trip. Staff from the Inclusion Faculty will be accompanying your child on the trip. School uniform is not required; pupils should wear appropriate smart clothes. We reserve the right to exclude from this trip, at any point, any pupil whose behaviour gives us cause for concern.

If you would like the opportunity for your child to be considered for a place on the visit, please complete and return the attached parental consent form **and** data collection form by **Monday 9<sup>th</sup> July 2018**.

If you have any questions about the visit, please contact Miss Loyeau, SENCO and Designated Teacher.

Yours sincerely

Mel Loyeau  
SENCO and Designated Teacher  
[melina.loyeau@arnoldhillacademy.co.uk](mailto:melina.loyeau@arnoldhillacademy.co.uk)

Arnold Hill Academy is part of the Trent Academies Group.

The registered office is Trent Academies Group, Rushcliffe School, Boundary Road, West Bridgford, Nottingham NG2 7BW  
The company's registered number is 8128513



## CONFIDENTIAL PARENTAL CONSENT FORM

<b>Student name</b>	
<b>Tutor group</b>	
<b>Consent for participation in the visit to</b>	<b>Nottingham Trent University 'Growing Lives' Day</b>
<b>Travel date(s)</b>	<b>Tuesday 17<sup>th</sup> July 2018</b>
<b>Planned transport arrangements</b>	<b>Public transport (bus)</b>
<b>Visit Leader</b>	<b>Mel Loyeau</b>

**MEDICAL INFORMATION**

Has been checked by parent on Parent View

**CONTACT DETAILS**

Have been checked by parent on Parent View

If you have any problems accessing Parent View please email [SLG@arnoldhillacademy.co.uk](mailto:SLG@arnoldhillacademy.co.uk)

**TEMPORARY MEDICAL INFORMATION (applicable only during this trip) AND/OR ANY DIETARY INFORMATION NOT LISTED ON PARENT VIEW**

**CONTACT DETAILS TO BE USED FOR THIS TRIP**

<b>Name</b>		<b>Telephone No</b>	
		<b>Email address</b>	
<b>Name</b>		<b>Telephone No</b>	
		<b>Email address</b>	

If your son/daughter's medical condition and/or contact details change prior to this trip, please notify the Visit Leader. If it is a permanent change then please update Parent View.

**I agree** to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that in emergency it may be necessary for pupils to be transported in staff vehicles. **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

**I have attached** the completed data collection form.

**Signature of Parent**

<b>Signed</b>		<b>Date</b>	
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**Please return this form to the Trips mailbox situated in PSU, B Block  
FAO Deb Campion by Monday 9<sup>th</sup> July 2018**

## DATA COLLECTION FORM: Parent / Carer

Your child / dependant is taking part in a Higher Education provider (university / college) outreach or recruitment activity. To ensure this and any further activities they take part in are useful, effective and reaching the right young people, we need to gather certain information (including information about your child / dependant's ethnicity and disability) which will be analysed and used by the East Midlands Widening Participation Research and Evaluation Partnership (EMWPREP) and associated partners for research purposes only.



EMWPREP is a collaboration of Midlands-based Higher Education providers that offers a targeting, monitoring and evaluation service for the outreach initiatives delivered by each partner. Detailed information on EMWPREP and how we collect and use the data can be found at: [www.emwprep.ac.uk/data-sharing-policy](http://www.emwprep.ac.uk/data-sharing-policy)

For research purposes we may share the data held on this form with one or more of the following receiving organisations:

- partner Higher Education providers in the Midlands,
- your child / dependant's school or college,
- your child / dependant's school or college's Local Authority,
- third-party activity providers working with partner Higher Education providers in the Midlands, and
- third-party data processors working with partner Higher Education providers in the Midlands.

EMWPREP and the receiving organisations may then link data from this form to additional educational data about your child / dependant (including Department for Education attainment data held on the National Pupil Database, ILR records, UCAS records and/or HESA student records). We may access this data and use it to monitor the impact of our activities.

Any personal data we collect will only be shared with the partners mentioned above. All research publications will be anonymised so individuals cannot be identified and the data will not be used for any other purpose. Data will be processed in accordance with the relevant data protection legislation. For more information, please see [www.ico.org.uk/](http://www.ico.org.uk/) or call 01509 223462.

Having read the above we would be really grateful if you could take a few minutes to complete this form in **CAPITALS** and return it to your child / dependant's school / college or Higher Education activity providers.

SECTION 1: STUDENT DETAILS					
Student full name					
Date of birth (DD/MM/YYYY)		Year group			
Home address					
Home postcode					
What best describes their gender ( <i>Please circle</i> )	Female	Male	Transgender	Gender fluid	Prefer not to say
School / college					

Please turn over for Section 2

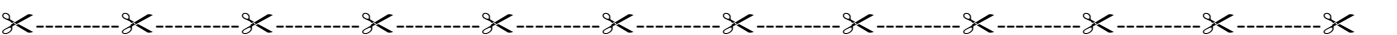
SECTION 2: TARGETING & MONITORING			
Have you or the child's other parents or carers studied at a university or taken a degree? <i>(Please circle)</i>			
Yes	No	Don't know	Prefer not to say
Has your child / dependant been eligible for Free School Meals at any time in the last six years? <i>(Please circle)</i>			
Yes	No	Don't know	Prefer not to say
Has your child / dependant been in care? <i>(Please circle)</i>			
Yes	No	Don't know	Prefer not to say
<p>Please select <b>Yes</b> if:</p> <ul style="list-style-type: none"> <li>Your child/dependant has spent any time living in public care as a looked after child including: in local authority care and living with foster carers or in a children's home</li> <li>Your child/dependant has been 'looked after' at home under a home supervision order in Scotland</li> </ul> <p>Please select <b>No</b> if:</p> <ul style="list-style-type: none"> <li>Your child/dependant has not spent time in care.</li> </ul> <p>Please note this does not refer to time spent working in a care or healthcare setting or if your child/dependant is or has been a carer for a relative.</p>			
Do you consider your child / dependant to be a young adult carer? <i>(Please circle)</i>			
Yes	No	Don't know	Prefer not to say
<p>Please select <b>Yes</b> if:</p> <ul style="list-style-type: none"> <li>They are a young person who cares, unpaid, for a family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.</li> </ul>			
What best describes your child / dependant's ethnicity? <i>(Please circle)</i>			
Arab	Bangladeshi	Black - African	
Black - Caribbean	Chinese	Indian	
Other Asian background	Other Black background	Other ethnic background	
Other mixed background	Other White background	Pakistani	
White - English / Welsh / Scottish / Northern Irish / British Irish	White - Gypsy or Irish Traveller	White and Asian	
White and Black African	Prefer not to say		
Does your child / dependant have a disability? <i>(Please circle)</i>			
No known disability	Autism/Asperger's	Blind/visually impaired	
Deaf/hearing impaired	Mental health condition	Multiple disabilities	
Other disability	Specific Learning Difference e.g. Dyslexia, Dyspraxia or Dyscalculia	Unseen disability	
Wheelchair user/mobility impaired	Prefer not to say		

SECTION 3: EDUCATION	
In order to fully assess the impact of outreach or recruitment activities we need to access additional educational data about your child / dependant.	
Do you give permission for the Department of Education (DfE) to provide data about your child / dependant's education to EMWPREP? <i>(Please circle)</i>	
Yes	No
Do you give permission for the Higher Education Statistics Agency (HESA) to provide data about your child / dependant's education to EMWPREP? <i>(Please circle)</i>	
Yes	No

SECTION 4: FUTURE CONTACT	
If you wish to receive further information, please review the below statements and sign and date this section of the form.	
On occasion EMWPREP and/or receiving organisations may wish to contact your child / dependant and invite them to participate in additional research about activities they have taken part in.	
I agree / do not agree* for my child / dependant being contacted to be invited to take part in additional research	
To sign up to receive further information from Nottingham Trent University including emails containing information, advice and guidance about future education options please provide details below. (These details will NOT be passed to any third parties other than the CRM provider).	
I would / would not* like my child / dependant to receive further information from Nottingham Trent University	
To be sent to the following email address:	
I would / would not* like to receive further information for parents/carers from Nottingham Trent University	
To be sent to the following email address:	

*(\*please delete as appropriate)*

Signature of parent/carer:	
Date:	



Thank you for completing this form. You may wish to keep this section for future reference

EMWPREP is a collaboration of Midlands-based Higher Education providers that offers a targeting, monitoring and evaluation service for the outreach and recruitment initiatives delivered by each partner. Detailed information on EMWPREP, how we collect and use the data, and who we share the data with can be found at:  
[www.emwprep.ac.uk/data-sharing-policy](http://www.emwprep.ac.uk/data-sharing-policy)

Any personal data we collect will only be shared with the partners listed in our data sharing policy. All research publications will be anonymised so individuals cannot be identified, and the data will not be used for any other purpose. Data will be processed in accordance with the relevant data protection legislation. For more information, please see [www.ico.org.uk/](http://www.ico.org.uk/)

Data collected will be securely held by EMWPREP for the life of the research project. Should you wish to have your child / dependant's record erased from our database please refer to [www.emwprep.ac.uk/data-retention-and-deletion-policy](http://www.emwprep.ac.uk/data-retention-and-deletion-policy)

If you have any questions or would like further information, please contact the Widening Participation Research and Evaluation Co-ordinator by emailing [info@emwprep.ac.uk](mailto:info@emwprep.ac.uk)