NORTH HERTFORDSHIRE COLLEGE
Part of the Hart Learning Group

# CONSENT FORM

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| Student Name: |
| Course Name: |
| Student ID Number **(Office use only)**: |

## PURPOSE

The College requires that all students, or parents/carers/keyworkers for those students under the age of 18, complete this consent form before undertaking study at the College. Your consent is for the following:

- Permissions for any trip or visit the college plans during the academic year. Parents/carers/keyworkers will be notified when or if any residential/overseas trips are planned.
- Student/parent/carer/keyworker consent for participation in work placements.
- Student/parent/carer/keyworker consent for general and medical information for the academic year specified.
- Parent/carer/keyworker consent to be contacted by email.

### DATA PROTECTION ACT 2018

North Hertfordshire College collects personal data and information about all our staff and students. We do this in order to fulfil our statutory powers to provide education and training services to you, to ensure the safety and welfare of our students and staff, to carry out our employment obligations, or to meet statutory and regulatory reporting requirements.

Personal data includes obvious things such as your name, age, gender, address and other contact details, and information about your previous education and learning, but it also covers information such as CCTV images or biometric data.

Some of your personal data is defined as 'special category' or 'sensitive'. This covers data about your health, race and ethnicity, politics, sexuality, trade union membership or religion. This information is kept more securely and is only available if people need to know about it – for example, to protect your health and well-being.

In general, we do not need your consent to process your personal data, as we cannot fulfil our statutory powers or meet our statutory obligations without doing so.

Where consent is needed, for example, in relation to the processing of some photographic images, any consent you give may be withdrawn at any time by contacting the data team: enrol@nhc.ac.uk.

### TRIPS AND VISITS

I agree that the above named student may take part in any trips and visits which may be arranged by North Hertfordshire College (UK, overseas, residential or non-residential).

### WORK PLACEMENTS

I agree that the above named student, if under 18, may attend a work experience placement as part of their programme.

**MEDICAL CONDITIONS**

Medical insurance for educational visits does not include cover in the event of illness if participants are travelling contrary to medical advice, and are not in good health at the commencement of the visit/journey.

For visits abroad, the health requirements for the country to be visited should be ascertained by the College and both students and parent/carer/keyworker, as should the recommendations for the prevention of ill health in that country.

It is important that the group leader should know of any pre-existing medical conditions (e.g. asthma, diabetes, heart trouble) which may require treatment, and/or any condition, which may affect participation in any activity during the event. The group leader should hold medical information on all participants, including staff. Please tick and complete as appropriate.

☐ I/The above named student does not suffer from any pre-existing medical condition requiring treatment or which may be foreseeably aggravated by participation in these events.

☐ I/The above named student suffers from the following condition and therefore may require treatment during trips (please detail treatments).

☐ I/The above named student suffers from the following condition which may affect me/him/her/they/them taking part in some/all activities during visits.

☐ I/The above named student has the following known allergies to drugs or other medication (e.g. antibiotics, plasters).

If known, date of last immunisation against tetanus:

Doctor's name:

Address:

Postcode:

Telephone number:

I agree to inform the group leader if I/the named student or any member of their family, or other person with whom they have had close contact, is known to have or has contracted any infectious disease within 21 days prior to the visit.

I undertake to notify the administration team of any change to the information including emergency contact details.

If within two days before departure I/the above-named student becomes ill, I/the above named student should be seen by a doctor and I undertake to inform the group leader.

I consent to any emergency medical treatment, including the use of anaesthetic which a doctor, other qualified person (including where appropriate a first aider) deems necessary during the visit. Please ensure this form is filled out in full and returned to North Hertfordshire College.

It is the responsibility of the student/parent/carer/keyworker to inform the college of any changes to the student's medical condition.

Student signature:

or

Parent/Carer/Keyworker Signature and Date (if student is under 18.)

Relationship to Student:

## GENERAL CORRESPONDENCE TO PARENTS/CARERS/KEYWORKERS

In an effort to support the environment, we prefer to contact you by e-mail. Please note that by signing above you consent to this contact. We will send a confirmation email to test the address once we have processed your details.

The parental email address is essential for mandatory communication and will be used to communicate any significant changes to the above named student's study, for example, changes to government guidelines or increased restrictions.

In addition, please tick below if you are happy to be contacted for the following:

- ☐ College communications including news and information to support your student's study.
- ☐ Course information that may be of interest to you.

## FOR COLLEGE USE ONLY

**Signed on behalf of North Hertfordshire College**

Signature:

Name:

Job Title: