**UNI:4U Application form**

**Y12 Media Summer School**

**University of Salford, Peel Park Campus, 43 The Crescent, M5 4WT**

**24th – 26th July 2019**

**About this form:**

There are several sections to this form, and each must be completed in full (including all signatures) in order to confirm a place on the above summer school.

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| **Who to complete** | **Sections** | **Notes** |
| Pupil | Section 1 – Information about yourself |  |
| Parent/Carer | Section 2 – Emergency Contact Details  Section 3 – Medical Information  Section 4 – Transport to the Summer School  Section 5 – Parental Consent  Section 6 – Photo & Video Consent | This section requires **3 signatures.** |
| Teacher | Section 7 – Information about your school | This section requires **1 signature.** |

Please write clearly in block capitals using blue or black ink throughout.

If you have any questions about the event or the forms, you can contact us on:

[Outreach@saldford.ac.uk](mailto:Outreach@saldford.ac.uk) or call 0161 295 8181

**UNI:4U Pupil Section**

**PLEASE WRITE CLEARLY IN BLOCK CAPITALS**

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| **Section 1 – Information about yourself**  Please fill in the section below with information about you. This includes where you live, who you are and how we may contact you. There is also a section to write about you and why you want to take part in the Summer School. | |
| **First Name:** | **Surname:** |
| **Preferred Name:** | |
| **Home Address:** | |
| **Postcode:** | **Email address:** |
| **Name of School:** | |
| **Mobile phone number (optional):**  **Student phone numbers will only be in case of emergency during the event and will be securely destroyed afterwards** | |
| **Date of Birth (dd/mm/yy):** | |
| **Gender (Please circle):**  Male Female Other | |
| **Do you have any specific medical or dietary requirements?:** | |

**Please tick if you have taken part in any of the following activities with Greater Manchester Higher whilst you have been at school?**

* Visited a university
* Attended a presentation/workshop in my school
* Took part in the Go Further programme

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| **Why do you want to attend the summer school?**  Please include a couple of bullet points about why you want to attend. You might want to think about what experiences you might get and how this might help you. |
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**As this is a residential summer school, you will be staying in student halls with other students. During the Summer School we will not be splitting students up by gender as to simulate living away at university. If this will be a barrier to you attending the summer school please detail below and we will do our best to accommodate you:**

**Please read all of the below information carefully**

**DESTINATION TRACKING CONSENT FORM** V2

Greater Manchester Higher (**GMH**) is a programme run by Universities and Further Education Colleges in the Greater Manchester area to help increase the number of students making the choice of progressing onto higher education. The programme is part of the National Collaborative Outreach Programme (**NCOP**) led by the Office for Students (**OfS**). The programme is led by Manchester Metropolitan University (**MMU**) and its members include the education institutions listed overleaf.

**What is personal and sensitive data?**

Personal data is data which can be used to identify you. This may include your name, date of birth, postcode, address, telephone number, etc. Sensitive personal data is information related to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

**How will we use your data?**

1. We will ask for your name, date of birth, the school you attend, your year group, your home postcode and the 1st line of your address. This is in case you do not know your full postcode. We will not be using this information for marketing purposes. On other forms, you will also have an opportunity to give us feedback on how you feel about the **NCOP** outreach activities you get involved with and these will primarily ask you for the name of the school you attend and your year group.

2. Whoever is leading the activity you are attending will be collecting this data and this will be passed on to the **GMH** team. The information will be collected using a number of different methods, including evaluations.

3. The members of the **GMH** Programme (the 17 education institutions listed overleaf) may share all of the information you submit with the other members.

4. The **GMH** members will share this information in order to evaluate the effectiveness and feedback on the outreach activities delivered by the **GMH** Programme. Where it is then recorded electronically, they will share this with the **GMH** Programme and then securely destroy the paper forms within one year of the transfer.

**Where will we store your data?**

5. The information on this form will be stored with **GMH** and with the Higher Education Access Tracking (**HEAT**) service provided by the University of Kent and any contracted third party managing that database service. This will allow to monitor your involvement in our activities as well as tracking your progression into further education, higher education and/or on into employment.

6. From **HEAT**, it will be shared with public bodies such as the Higher Education Statistics Agency (**HESA**), the Office for Students (**OfS**), the Department for Education (**DfE**) and **UCAS**. These bodies will also share data with HEAT about your progression into education and employment.

7. In order to do this, your information will be stored on the **HEAT** service until you reach 30 years of age OR if you go to University in this time for 15 years after you graduate from University.

**Data Protection Information**

The lead GMH member (**MMU**) are the **Data Controller** in respect of the personal data you submit on this form and your evaluation feedback. The GMH members rely on your consent to process your personal data for the purpose stated above. You have a range of rights in relation to your personal data including the right of access and to request deletion, amendments and that we stop using your data for a particular purpose. If you want to exercise these rights or wish to speak to us for any other reason about your personal data please contact us at: gmhigher@mmu.ac.uk. The Data Protection Officer for the lead **GMH** member (**Manchester Metropolitan University**) can also be contacted via: legal@mmu.ac.uk. Finally, you have the right to make a complaint about the way your personal data has been used with the Information Commissioner’s Office: https://ico.org.uk/global/contact-us/

**List of organisations we will share your data with**

**GMH** may also share your data with third parties; including organisation with whom we may have worked with to organise **GMH** activities or research.

 **GMH partners**

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| --- | --- |
| Ashton Sixth Form College | Manchester Metropolitan University |
| University of Bolton | Royal Northern College of Music |
| Bolton College | University of Salford |
| Bury College | Salford City College |
| Holy Cross 6th Form College | Stockport College |
| Hopwood Hall College | Tameside College |
| University of Manchester | Trafford College |
| The Manchester College | University Campus Oldham |
| Wigan and Leigh College | |

**CFE Research** who will be carrying out a full national evaluation of NCOP

 The Higher Education Access Tracking **(HEAT)** service, who monitor and evaluate outreach activity by Higher Education providers. This will apply to **HEAT** storing your data or to any third party organisation that they may use to manage their database.

 **HEAT** may in turn share your data, for research purposes only, with organisations who have an official right to process educational data. This may include Government departments or agencies such as:

The Office for Students (**OfS**)

Higher Education Statistics Agency (**HESA**) or

Non-government organisations such as **UCAS** (application system for University/HE)

 **National Collaborative Outreach Programme**

The overall aim of the programme is to work towards the government’s goal of doubling participation in Higher Education amongst disadvantaged groups by 2020. Further information about NCOP can be accessed here: https://www.officeforstudents.org.uk/advice-

**I consent to my personal data being used as stated above**

**Signed**: ……………………………………. **Date**: / /

**UNI:4U Parent/Carer Section** ***Please get your parents/carers to fill in this section!***

This section requires **3 signatures.**

**PLEASE WRITE CLEARLY IN BLOCK CAPITALS**

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| **Section 2 – Emergency Contact Details** |
| **1st Contact Name:** |
| **Relationship to applicant:** |
| **Contact Number (Mobile):** |
| **Contact Number (Home):** |
| **Email Address:**  **We may send you important updates about the events by email so please check your account regularly** |

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| **2nd Contact Name:** |
| **Relationship to applicant:** |
| **Contact Number (Mobile):** |
| **Contact Number (Home):** |
| **Email Address (Optional):** |

**Please tick to indicate if any of the following apply:**

* Parents/carers have not attended University
* Child is currently, or has spent 3 months in, local authority care
* Child has a disability
* Child has caring responsibilities for a family member

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| **Section 3 – Medical Information** |
| **Doctor’s Name:** |
| **Doctor’s Surgery Address:** |
| **Doctor’s Telephone number:** |

**Please tick any box which describes additional needs your child has**

*All additional needs should be disclosed on this form. This will not prevent you from taking part in the summer school. We need to be aware of individual needs before you arrive in order to make sure that they are met.*

* I don’t have any additional needs
* I have mobility difficulty
* I use a wheelchair
* I need information about disabled access
* I require ground floor or adapted accommodation
* I have a visual impairment
* I require information in large print, taped, Braille or on a disk
* I have a hearing impairment
* I need an induction loop
* I require a sign language interpreter
* I use a guide or hearing dog
* I am dyslexic
* I am dyspraxic
* I require information on coloured paper
* I have personal care support
* I have mental health difficulties
* Other (please give details)

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| **Medical Conditions** |
| **Dietary Requirements:** |
| **Current Medication:** |

Please note that Summer School University Staff **cannot administer medication**. The participant must be responsible for their own medicines and if they suffer with asthma they must bring their own inhaler. If they require any **special assistance** with their medication, please contact the Summer School Lead to arrange the correct level of support.

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| **Section 5 – Transport to the Summer School** |
| Students will be expected to make their own way to and from the Summer School.Please sign to confirm that you consent to this arrangement.  Signed …………………………………………………………………………………………… Date ……………………………………………  Print Name …………………………………………………………………………………… Relationship …………………………………. |

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| **Section 6 – Parental Consent** |
| * All the information supplied on this form is correct to the best of my knowledge * I give consent for my son/daughter to attend a GM Higher Summer School * I consent to my son/daughter receiving treatment by a qualified First Aider if required * In the unlikely event of any serious accident or medical incident, we will immediately try to contact you. The University will assume responsibility to act on medical advice in your child’s best interest   Signed …………………………………………………………………………………………… Date ……………………………………………  Print Name …………………………………………………………………………………… Relationship ………………………………… |

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| **Section 7 – Photo & Video Consent** |
| **I give\* or I do not give\***  **(Please delete as appropriate)**  Permission for my son/daughter to be photographed and filmed during the Summer School Programme. I agree to the photographs and video footage being used by Greater Manchester Higher and host institution in any of their publicity materials including: websites, press releases, promotional brochures, DVDs, posters and newsletters. The photographs that are taken will remain the property of Greater Manchester Higher. Any images used for publicity purposes will not identify any students by name.  Signed …………………………………………………………………………………………… Date ……………………………………………  Print Name …………………………………………………………………………………… Relationship ………………………………… |

**UNI:4U Teacher Section**

***Please get your teacher to fill in this section!***

This section requires **1 signature.**

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| **Section 8 – Information about your school** |
| Name of Teacher: |
| Phone number of Teacher: |
| Email Address of Teacher: |
| Local Authority: |
| Name and contact details of school safeguarding lead: |

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| **Please use this space for any additional information about why this student has been recommended for a place or which would be useful for the Summer School organiser to be aware of, e.g. special needs support** |
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| **Teacher’s Declaration** |
| I have checked the details on this application form. I confirm to the best of my knowledge that they are correct and I support this application  Signed ……………………………………………………………….. Date ……………………………………………….  Print Name ………………………………………………………… Position in school …………………………….. |