

Children and Young People's Trust

Application for KS4 Engagement and Pre-Engagement Programmes

School: <i>(for office use)</i>	Programme provider: <i>(for office use)</i>
---------------------------------	---

Section 1: Learner details

Please complete this form as fully as you can.

First Name:	Date of birth:	Year group:
Surname:	School:	
Address:	Gender:	Ethnicity:
Town:	Next of kin:	
County:	Emergency contact number of next of kin:	
Postcode:		
Telephone number:		

Chosen course: (please give first & second preferences)

Course	Provider	Day/s
1.
2.

Please tell us what you hope to achieve from this course:

Please tell us any other information about yourself that will be useful for your course tutor:



What are you planning to do when you leave school at the end of year 11?

What other interests or hobbies do you have?

Declaration:

I am applying for a place on the above course. If I am awarded a place on this course, I agree to keep to the programme provider's code of conduct. I understand that if I breach this code, disciplinary action can be taken against me. I also consent to my personal details being used within this programme and the creation of a Unique Learner Number.

Student's signature **Date**

Section 2: Parent/carer's consent

Name of parent / carer:

Contact number:

Please use this space to provide us with information about any special requirements your child has and any other information you feel is relevant to their application.

Declaration:

I support this application. If (name of applicant) is offered a place on the course, I consent to him/her taking part in all activities which form part of the course, including off-site visits which I understand may occur occasionally. I also acknowledge that whilst s/he is on course, the school has sole responsibility with regard to Duty of Care. If s/he is Educated Other than at School then Duty of Care passes from the parent / carer to the training provider during training days.

Signature **Name** **Date**
Parent/carer (*delete as appropriate*)

Thank you very much for completing this application form.

Please return the completed form to your son/daughter's school / referring agency. They will help them complete the next stage of the application process.

KS4 ENGAGEMENT PROGRAMME

Student and Parent Contract

Student Responsibilities

Please read the following list of responsibilities and sign below to show that you agree to them.

1. I will attend and be punctual for all parts of my learning programme and timetabled activities.
2. I will follow instructions given by the tutors and staff at the Learning Provider, ask for help when I am unsure about something and use my initiative.
3. I will complete work assignments on time and to the best of my ability.
4. I will behave appropriately in the learning placement and on associated activities, and not disrupt the learning of others.
5. I will care for and return all Learning Provider property.
6. I will accept and work within the Learning Provider's requirements, particularly around Health and Safety, and wear protective clothing if necessary.
7. I will attend any exams or assessments at the correct time and place.
8. I understand that I will be required to attend my course even when school is closed for INSET days.
9. I understand that I may be required to participate in external trips and visits as a part of the course.
10. I understand that if I fail to meet any of the above requirements, I may lose my placement.

Student Signature _____

Printed Name _____

Date _____

KS4 ENGAGEMENT PROGRAMME

Student and Parent Contract

Parent/Carer Responsibilities

Please read the following list of responsibilities and sign below to show that you agree to them.

1. I understand that I am responsible for the attendance and punctuality of the student on this learning programme.
2. I am responsible for the travel arrangements from home to the Learning Provider and back home each evening.
3. I will notify the Home School immediately if there are any changes in medical circumstances and/or emergency contact numbers.
4. I will notify the Learning Provider on each day of absence or in advance of a known absence. Any change to the normal arrangements for the day will be put in writing to the Learning Provider e.g. hospital appointment.
5. I accept the need for responsible behaviour by the student and agree to support them in maintaining good behaviour during the course.
6. I understand that the student may be required to attend visits and trips and give my permission for this.
7. I understand that the student may be required to leave the programme at any time should this contract be broken.

Parent/Carer Signature _____

Printed Name _____

Student's Name _____

Date _____

KS4 ENGAGEMENT PROGRAMME

Student and Parent Contract

Medical Questionnaire

Student Name: _____ Home School: _____

Does the student have or have history of the following?:

- | | |
|-------------------------------------|----------|
| ➤ Asthma or bronchitis | Yes / No |
| ➤ Any known allergies to medication | Yes / No |
| ➤ A heart condition | Yes / No |
| ➤ Fits, fainting or blackouts | Yes / No |
| ➤ Severe headaches | Yes / No |
| ➤ Diabetes | Yes / No |
| ➤ Any other allergies | Yes / No |
| ➤ Any other illness or disability | Yes / No |

If the answer is yes to any of the above, please give further information:

Does the learner take any regular medication? Yes / No

If yes, please give further information:

Has the learner had a vaccination against tetanus in the last 10 years?
Yes / No

Is the learner receiving medical or surgical treatment of any kind from a family doctor or hospital?
Yes / No

If yes, please give further information:

If appropriate, has the learner been given specific medical advice to follow in an emergency?
Yes / No

If yes, please give further information:

KS4 ENGAGEMENT PROGRAMME

Student and Parent Contract

Parent/Carer Consent Forms

The following forms cover the necessary parental consent for a student working on one or more courses of education outside the school / agency at which they are registered.

Photographs

With your permission, photographs may be taken of pupils whilst taking part in the programme for the following purposes:

- Evidence of achievement
- Course promotional purposes

Please tick one of the following statements regarding the taking of such photographs.

I consent to photographs being taken of my son/daughter

I do not consent to photographs being taken of my son/daughter

Data Protection

I give my consent for appropriate and necessary data regarding my son/daughter to be held by and shared between the home school, referring agency, KS4 Engagement and Pre-Engagement Programmes, the wider CYPT (Children and Young People's Trust), the learning providers and/or employers offering vocational and work related opportunities within this programme.

Signature _____

Printed Name _____

Student's Name _____

Date _____