



# Edgewood Primary School

## Building skills and values for life

Thursday 12<sup>th</sup> May 2016

Dear Parents/Carers,

### Year 6 visit to Nottingham Trent University

As a school, we are continually aiming to raise children's aspirations about their future potential, and to consider the wide range of options open to them. As part of this programme, we have arranged a visit to the Clifton Campus of Nottingham Trent University. This will allow our pupils to meet with university students, visit the campus, and explore some ideas about education and training.

The visit will take place on **Tuesday 14<sup>th</sup> June**, during the school day. We will travel by coach, leaving school at 9.00am, and returning by 3.30pm. The cost of this visit is being funded by the school and the university jointly. As a result, there will be **no charge** to families.

To ensure you child can take part in this visit, we require the attached permission slip to be returned, along with the university's consent form. This is to give permission for the details of the children's visit to be collected by the university and shared with its partners. On the reverse of the form there is an option for opting out of any further communication if you wish.

We hope that all of our Year 6 children will be able to take advantage of this exciting opportunity. Should you have any further questions about the visit, please do ask your child's class teacher.

Yours faithfully,

Michael Tidd  
Deputy Headteacher

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### To: Mr Tidd

I give permission for my child \_\_\_\_\_, in \_\_\_\_\_ class, to attend the Year 6 visit to Nottingham Trent University of Tuesday 14<sup>th</sup> June.

I have also enclosed the consent form from the university to give permission for the visit.

My child will require the following medication: \_\_\_\_\_

Signed: \_\_\_\_\_ (parent/carer)

## Parental / Carer Consent Form (primary)

Dear Parent / Carer,

Your child / dependant may have the opportunity to take part in university visits, mentoring programmes, summer schools, subject tasters, revision classes and a whole range of other rewarding activities.

To make sure these activities are useful and effective for young people, we need to gather certain information which we use purely for research purposes. We would be really grateful if you could take a few minutes to complete this consent form and return it to your child / dependant's school.

**The information collected on this form will be used for research purposes only.**

Student name:	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year group: <input type="text"/>
Sex: Female: <input type="checkbox"/> Male: <input type="checkbox"/>	
Home address:	
Home postcode:	
School / college:	

**Educational background of parents / carers**

Have any of your child / dependant's parents or carers been to university or taken a degree? Yes:  No:  Don't know:

**Free School Meal eligibility**

Has your child / dependant been eligible for Free School Meals at any time in the last six years? Yes:  No:  Don't know:  Prefer not to say:

**Parental / carer occupation** (we would like to know the following information for research purposes only)

What is the occupation of the highest earning parent / carer currently living in the household (please state)?

**Student ethnicity** (please tick)

Chinese: <input type="checkbox"/>	Black Caribbean: <input type="checkbox"/>	White and black African: <input type="checkbox"/>
Bangladeshi: <input type="checkbox"/>	Black African: <input type="checkbox"/>	White and black Caribbean: <input type="checkbox"/>
Indian: <input type="checkbox"/>	Other black background: <input type="checkbox"/>	Other mixed background: <input type="checkbox"/>
Pakistani: <input type="checkbox"/>	White: <input type="checkbox"/>	Other ethnic background: <input type="checkbox"/>
Other Asian background: <input type="checkbox"/>	White and Asian: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>

## Student disability (please tick)

No known disability: <input type="checkbox"/>	Deaf / hearing impaired: <input type="checkbox"/>	Autistic Spectrum Disorder / Asperger's Syndrome: <input type="checkbox"/>
Dyslexia or other learning need: <input type="checkbox"/>	Wheelchair user / mobility difficulty: <input type="checkbox"/>	Unseen disability: <input type="checkbox"/>
Blind / partially sighted: <input type="checkbox"/>	Mental health difficulty: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>
Other disability: <input type="checkbox"/>	Multiple disabilities: <input type="checkbox"/>	

## Further contact

From time to time we may send information to you or your child / dependant that we feel is useful, including university / education information or more opportunities to take part in activities. We may also wish to make contact for further research purposes.

I agree\* / do not agree\* to me or my child / dependant being contacted by the partners mentioned below.

(\* please delete as appropriate)

## Data protection

In order to ensure that our activities are effective and reaching the right people, we collect and analyse statistical information, including information about your child / dependant's ethnicity and disability statement. We may share the data held on this form with one or more of the following receiving organisations:

- partner Higher Education Providers in the East Midlands;
- the Higher Education Funding Council for England (HEFCE);
- the Universities and Colleges Admissions Service (UCAS);
- the Higher Education Statistics Agency (HESA);
- the Department for Education (DfE);
- Higher Education Access Tracker (HEAT) service subscribers;
- the National Data Service;
- your child / dependant's school or college; and
- the school or college's Local Authority.

EMWPREP and the receiving organisations may then link data from this form to additional educational data about your child / dependant (including DfE attainment data held on the National Pupil Database, 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 and the data will not be used for any other purpose. Data will be processed in accordance with the Data Protection Act 1998. For more information, please see [www.legislation.org.uk](http://www.legislation.org.uk) or call **01509 223462**.

## PLEASE COMPLETE THE INFORMATION BELOW

Name of parent / carer:

Relationship to child / dependant:

Date:   /   /

Signature of parent / carer:

If you **do not** give your consent for the information collected on this form to be used in the above mentioned research, then please tick this box

Thank you for completing this form. If you have any questions or would like further information, please contact the Widening Participation Research and Evaluation Coordinator on **01509 223462** or by emailing **E.Church@lboro.ac.uk**

This information can be made available in alternative formats.