

February 2018

Dear Parent

**Visit to Brunel University – UCAS Convention**

I am writing to inform you about a school visit to Brunel University on Wednesday 14th March 2018. The aim of this visit is to attend the UCAS Convention.

The UCAS Convention will give students the opportunity to explore a variety of post-18 options in one setting. They will have a chance to talk to admissions staff and subject specialists to find out what life is like on and off campus. They can also discover what else is on offer when their exams are competed and find out information about volunteer work and further gap year adventures, as well as the world of work. The convention offers a selection of useful seminars designed to give students more information about higher education.

All students must meet Mrs Le-Gall in the Sixth Form area at 12.30pm to register before departing on foot to Brunel University. The convention will finish at 2.30pm, when students will be dismissed to make their own way home or back to school if they have a period 6 lesson.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

There is no cost for this visit, however please note that there are a limited number of places available and these will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

By consenting to this trip, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me at the school on 01895 234060.

Yours sincerely

**A Le-Gall**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO BRUNEL UNIVERSITY UCAS CONVENTION – WEDNESDAY 14TH MARCH 2018**

Please return to Mrs Le-Gall by Friday 9th March 2018

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| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
| **PARENT NAME:** |  | | |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  | | |
| **MOBILE TELEPHONE NO:** |  | | |
| **HOME TELEPHONE NO:** |  | | |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  | | |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** | | | |
| **NAME:** |  | | |
| **CONTACT TELEPHONE NO:** |  | | |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.