

October 2023

Dear Parents/Guardian,

I am writing to tell you about an exciting opportunity for Sociology students to attend the Crime and Social Inequalities Conference at Southampton Solent University. The conference will give students the opportunity to experience a range of discussions and lectures about current issues in Sociology. They will also have the chance to speak with current students and have a campus tour.

Not only will this event bring to life their studies with fresh ideas and inspiration, but it's also a great enrichment activity to add to UCAS personal statements. We highly recommend all students attend this trip.

This visit will take place on **Monday 13th November 2023**. We will leave school at 9.00am, students will need to meet at the front of school by reception. Students will need to bring drinks/packed lunch or money to buy lunch from the university. The coach will leave the university at **2.30pm** which means students may need to make alternative arrangements to get home if they would usually use a school bus/minibus service.

The cost of this trip is £13.00. This covers the cost of the tickets, transport to and from the location and insurances. Payment should be made using the school's on-line WisePay facility. Please make a note of your WisePay receipt reference, as you will need to provide this on the attached slip/consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

If you would like your child to participate in this trip, please complete the form below along with your WisePay reference number by **Friday 3rd November 2023**. This should be returned to your child's Sociology teacher.

Yours Sincerely,



Miss Bascombe
Head of Psychology and Sociology



STUDENT NAME TUTOR

TO BE RETURNED TO

PARENTAL CONSENT FORM (for children and young people under the age of 18)	
The purpose of this form is to obtain your consent for your child to take part in the proposed event.	
DATA PROTECTION	
Highcliffe School is a Data Controller for the purposes of the General Data Protection Regulation (2018). This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent. When you sign <u>or</u> complete this form, you are providing your consent to Highcliffe School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.	
DETAILS OF PROPOSED EVENT	
Event: Crime and Social Inequalities Conference, Southampton Solent University	
Additional information:	
ACKNOWLEDGEMENT OF RISK	
This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. Details of planning and risk assessment are available on request.	
STUDENT'S DETAILS	
Full name:	
Home address:	
MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
Surname:	Surname:
Forename:	Forename:
Home address (inc postcode):	Home address (inc postcode):
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Relationship to student:	Relationship to student:
GP name:	GP surgery address (inc postcode):
Surgery telephone number:	



STUDENT NAME TUTOR

TO BE RETURNED TO

STUDENT'S MEDICAL INFORMATIONPlease provide detail of all medical conditions and illnesses and any treatments required to maintain health.
This information helps us to keep your child safe

Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, eg material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO

If the answer to any of these questions is YES, please give details:

TRIP PAYMENT

All trip payments are to be made using the school's online Wisepay facility

I have paid using Wisepay and my reference number is YES / NO

CONSENT DECLARATION

I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event. YES / NO

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip. YES / NO

I give consent for my child to be photographed during the event and for these photographs to be used in school media. YES / NO

Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser. YES / NO

COVID-19 GUIDANCE

In the event that your child begins to show symptoms of Covid-19 or tests positive for Covid-19 prior to the trip date or on the morning of the trip you must inform the school in line with our school policy and accept your child may not be able to attend the trip and may still be charged.

Please note that the venue you are travelling to may have their own policy regarding Covid-19 safety measures which your child will need to adhere to whilst on the school trip. The teacher will ensure that all students are aware of what these measures are before entering any venues.

TRAVEL INSURANCEIf you have any medical concerns that may impact on your child ability to travel, please refer to our medical/travel insurance guidelines on the following link <https://highcliffe.school/I/TravellInsurance>

Signature:

Print name:

Date: