

# Application to Attend NWGT Challenge Day



Course Details:
Name of Course: _____
Date of Course: _____ 20_____
Venue: _____

## Pupil Details:

Surname: (Please print below)																																			
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First name(s):																																			
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Date of birth:									Home address (including postcode):																										
Home telephone number:																																			
School name:																		LEA name:																	

<p>Teacher/ Headteacher's supporting statement:</p> <p>I believe that _____ would benefit from attending the workshop</p> <p>_____ at _____ on</p> <p>_____ and recommend that they be offered a place</p> <p>Teacher / Headteacher's Signature.....</p> <p>Please print your name.....</p>
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## Emergency contact details:

Name of parent/guardian(s):	Name of additional emergency contact: (eg grandparent / family friend)
Contact telephone number(s) of parent/guardians(s):	Telephone number of additional contact:

**Doctor's details:**

Name of student's doctor:	Address of student's doctor:
Telephone number of student's doctor:	

**Medical details:**

Relevant current / long term medical conditions:
Known allergies or special dietary requirements:

**Payment of course fees:**

**SECTION A (To be completed for all applications)**  
Please tick the appropriate box and sign below:

I enclose a cheque for £\_\_\_\_\_ \* made payable to **Ripley St. Thomas** \*Insert total course fee(s)

I am applying for a funded place \*Section B below must be completed

Parent/carer's name \_\_\_\_\_ Signature \_\_\_\_\_

**SECTION B (To be completed if applying for a funded place)**

I confirm that this student should be offered a funded place.

Headteacher's Signature:

\_\_\_\_\_

## Permission of Parent or Guardian:

This page will be detached and forwarded to the course leader, together with a summary of contact and medical information. All sections of this page must be completed in full, and signatures must be handwritten. Failure to complete this section properly will cause the application to be unsuccessful. If applying to attend more than one course, a separate permission form must be completed for each event.

Name of Student	
Title of Outreach Event	
Date of Outreach Event	
Venue of Outreach Event	

### Permission of Parent or Guardian:

I give permission for my child to attend the above named North West G&T Outreach event, and to participate in all activities mentioned in the course description.

I agree to take responsibility for travel to and from the above named activity.

In the event of an emergency, I give permission for persons supervising the event to authorise any medical or dental treatment for my child which is deemed necessary by a qualified medical practitioner.

Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

### Email Communication Consent:

NWGT would like to confirm the success of your child's application via email. If you are happy to be contacted via this method please enter your email address below.

Email: \_\_\_\_\_

- NWGT would also like to keep you informed about future events and Challenge days via email. If you would *not* like to receive this information via email please tick this box.

**Publicity:** Members of the local, regional or national press are occasionally present for short periods of time at Outreach events. All representatives of the press will be strictly supervised by event staff, and no student will be asked to participate in any media interview unless they and their parent or guardian are happy for them to do so. NW G&T may also take photographic and video images of outreach events for promotional purposes. No student will be featured against his or her wishes on the day.

Please tick the appropriate box(es):

- I give permission for images of my child to be used by NW G&T for the purpose of promoting G&T activities.
- I give permission for my child to be present in background press footage.
- I give permission for my child to take part in a supervised media interview.

Signature of parent/guardian \_\_\_\_\_