



April 2024

Dear Parent/Carer,

A limited number of Year 10 students have the opportunity to attend a trip to Arts University Bournemouth on **Wednesday 12th June 2024**.

The event is being run by the Southern Universities Network (SUN) in collaboration with Arts University Bournemouth. Students will have a tour of the campus and take part in the following workshops: -

- **Boost Your Study Skills** - this is an interactive session that helps students to develop key skills for independent study as they are working towards their GCSEs. The workshop also aids transition to further education and future careers.
- **What Makes You Employable** – this workshop is designed to unpack the meaning of employability in a fun and interactive way. Students will begin to recognise what skills and qualities employers are looking for, alongside other factors that make them employable.

Travel & Costs

The event is entirely funded by SUN so there is no cost involved. Students will come to school as normal on the day and will be taken to and from the event by coach. We will be leaving school at 8.30am and will return to school by 3pm – in time for the end of the day. Students are required to wear school uniform and must bring a packed lunch and a drink.

If your child would like to attend this event, please can you email cwilson@highcliffeschool.com to confirm your child's place and return the medical consent form attached to Student Support by **Thursday 2nd May 2024**. Places are limited and will be offered on a first come first served basis.

Yours faithfully

Mrs Wilson
Careers Adviser



STUDENT NAME TUTOR

TO BE RETURNED TO STUDENT SUPPORT BY THURSDAY 2ND MAY 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: Year 10 SUN Festival of Industries Event		Date: Wednesday 12th June 2024	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION			
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. 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
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	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 WisePay			
I have paid using WisePay and my reference number is			
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
Signed:		Print Name:	Date: