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Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs Assistant Headteacher (Head of Sixth Form) - Lisa Swan

October 2023

Dear Parent/Guardian,

We are pleased to advise you that we have organised a Music trip to the A Level Music conference at Queen Anne's School, Reading which will take place on Tuesday 14 November 2023. This trip is for students currently taking the Music A Level and for those aspiring to follow the A Level pathway in the 6th Form.

The programme for the day listed below will cover course content for Eduqas A Level Music: From Component 3 – Area of Study A The Development of the Symphony and the Haydn set works, and Component 2 Music Composition.

Programme

0930hrs **Registration and Refreshments** 1000hrs Haydn Symphony No. 104 Analysis – David Coggins 1100hrs 1115hrs Haydn Symphony No. 104 Analysis – David Coggins 1215hrs 1300hrs Development of the Symphony – Chris Tarrant

1400hrs Break

1415hrs Composition – David Bednall

Students will be travelling by minibus to and from the venue. We will be leaving school at 7.30am and will return to school at 5.00pm. Students will also need to provide their own packed lunches for the day. We are asking for a £20.00 contribution per student for this trip. 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 attend this event, please sign the attached slip and medical consent form and return them to me by **MONDAY 30TH OCTOBER**.

If you have any queries regarding this trip, please do not hesitate to contact me.

Yours sincerely



















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: Music trip to the A Level Music conference at Queen Anne's School

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:		

(S±)	STUDENT NAME	TUTOR
	TO BE RETURNED TO	

STUDENT'S MEDICAL INFORMATION Please provide detail of all medical conditions and illnesses and any treatments required to maintain health. This information helps us to keep your son/daughter 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		

Regular medication

YES / NO

YES / NO

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

Diabetes

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	YES / NO		
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.			
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 INSURANCE

If you have any medical concerns that may impact on your child's ability to travel, please refer to our medical/travel insurance guidelines on the following link https://highcliffe.school/l/TravelInsurance

Signature:	Print name:	Date:
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