

February 2024

Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs

Assistant Headteacher (Head of Sixth Form) - Lisa Swan

Dear Parent

**UCAS Discovery Day: Wednesday 27<sup>th</sup> March 2024**

In order to help students prepare for the Higher Education application process, we are offering your child a place on the UCAS Discovery Day to be held at Bournemouth University on Wednesday 27<sup>th</sup> March. Students attending the day will need to register in the Sixth Form Study Centre at 8.50 a.m. so that we can leave by coach at 9.30 a.m. We will return to school at approximately 1.20 p.m. however, students with a timetabled lesson period 5, **MUST** attend. Students have the option to bring lunch, or money to buy refreshments in the student union cafe.

At this Discovery exhibition students will be able to

- Meet representatives from over 100 universities and colleges
- Meet representatives from various apprenticeship and employment routes
- Find out about different options and pathways
- Listen to live expert talks
- Get the latest advice and information on different career choices.

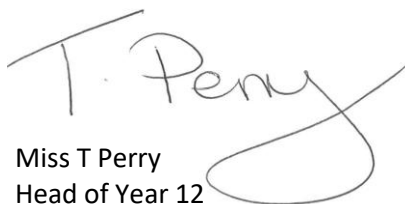
**Those students not attending the Higher Education Convention will be expected to attend Sixth Form lessons as directed on the students' timetable. These lessons will focus on review and consolidation.**

All students will need a ticket to enter the event; *instructions can be found overleaf* on how to download this. Tickets need to be printed off and handed into the Star Room, along with the medical/consent form attached.

The cost of the trip is £5.00, which will go towards the cost of transport to and from Bournemouth University, plus 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 medical/consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment. Any students concerned about the cost should see Miss Perry.

The completed medical/consent form, **along with the student's downloaded ticket**, must be returned to the Sixth Form Admin office (Star Room) no later than **Monday 4<sup>th</sup> March**.

Yours sincerely



Miss T Perry  
Head of Year 12



Mrs J Chalmers  
University Admissions Co-ordinator

## DORSET HE CONVENTION – WEDNESDAY 27<sup>TH</sup> MARCH TICKET INSTRUCTIONS

- Create your UCAS Hub –  
<https://www.ucas.com/what-are-my-options/create-your-ucas-hub-today>



- Book your Place <https://www.ucas.com/registration/register/event/438551>



- Join Group Booking
- I am a student
- Booking Reference: **UCASBKN934937**
- Confirm
- Put in your name, school email and home address. *We suggest you put in your school email address so that, when your booking confirmation comes through, you can easily print it off at school.*
- Answer the questions as best you can
- Remember to tick that you want confirmation by email (not post or SMS)
- Remember to tick the terms and conditions
- NOW SUBMIT
- Print off ticket and hand into the Star Room along with your Medical Consent form NO LATER THAN **Monday 4<sup>th</sup> March 2024**

<ul style="list-style-type: none"> <li><b>PARENTAL CONSENT FORM</b></li> <li><b>(for children and young people under the age of 18)</b></li> </ul>	
The purpose of this form is to obtain your consent for your son/daughter 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	
<b>Event: UCAS Discovery Day Wednesday 27<sup>th</sup> March at Bournemouth University</b>	
<b>Additional information:</b>	
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	
<b>Full name:</b>	<b>STUDENT'S MOBILE NO:</b>
<b>Home address:</b>	
MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
<b>Surname:</b>	<b>Surname:</b>
<b>Forename:</b>	<b>Forename:</b>
<b>Home address (inc postcode):</b>	<b>Home address (inc postcode):</b>
<b>Home telephone number:</b>	<b>Home telephone number:</b>
<b>Mobile telephone number:</b>	<b>Mobile telephone number:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>GP name:</b>	<b>GP surgery address (inc postcode):</b>
<b>Surgery telephone number:</b>	

<b>STUDENT'S MEDICAL INFORMATION</b>			
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
Diabetes	YES / NO	Regular medication	YES / NO
If the answer to any of these questions is YES, please give details:			
<b>TRIP PAYMENT</b>			
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
<b>CONSENT DECLARATION</b>			
I have received full details of the event, am satisfied with the arrangements and give consent for my son/daughter 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 son/daughter 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 son/daughter or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
<b>COVID-19 GUIDANCE</b>			
<p>By allowing your child to attend this school trip you are confirming that neither your child nor a member of your household have symptoms of Covid-19 (a new continuous cough, fever/high temperature (37.8C or greater), loss of, or change in, sense of smell or taste).</p> <p>In the event that anyone in your household begins to show symptoms of Covid-19 prior to the trip date 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.</p> <p>Your child will be expected to wear a mask when on transport to and from the venue (if you have an exemption from wearing a mask please inform the school in advance so a separate risk assessment can be undertaken).</p> <p>We highly recommend every student brings their own hand sanitiser.</p> <p>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.</p> <p>I confirm I understand this Covid related guidance (which is in addition to the School trip normal guidance)</p> <p>I confirm I have read and understood the Covid-19 Factsheet. <a href="https://highcliffe.school/l/aJHNR">https://highcliffe.school/l/aJHNR</a></p>			YES / NO
<b>TRAVEL INSURANCE</b>			
If you have any medical concerns that may impact on your son/daughter's ability to travel, please refer to our medical/travel insurance guidelines on the following link <a href="https://highcliffe.school/l/TravelInsurance">https://highcliffe.school/l/TravelInsurance</a>			
Signature:	Print name:	Date:	

**PLEASE RETURN THIS FORM TO THE STAR ROOM NO LATER THAN MONDAY 4TH MARCH 2024.**

**WISEPAY REF NO: .....**