

15th October 2024

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

Dear Parents/Guardian,

I am delighted to be able to offer your child the opportunity to attend an EPQ research and library day at the University of Southampton on Wednesday 13th November 2024. The aim of the day is to offer students undertaking the EPQ an invaluable opportunity to explore evidence and sources for their project as well as the chance to experience the research facilities they will have access to at University.

The day will begin with a library induction, before offering students access to the library catalogue and resources. Students can explore a wide range of supporting material for their projects including:

- Academic Books
- Journal Articles
- Newspaper and Media Archives
- PhD Theses
- Working papers published by University staff
- Official publications and data sources

Approximate timings for the day are:

- 09.15: Departure from Highcliffe School via minibus
- 09.45-10.00: Arrival at the University of Southampton
- 10.00-10.20: Library induction talk
- 10.20-12.00: Research time in computer room
- 12.00-13.00: Lunch
- 13.00-14.00: Research time in Hartley Library
- 14.00: Meet for departure
- 14.45: Return to Highcliffe School

Students will need to bring drinks/packed lunch or money to buy food from the University catering facilities.

This is a useful and relevant opportunity for all EPQ students embarking on their research. There is a slight charge for this event of £5.00 per student payable on Wisepay. Please could you complete and return the consent slip and medical form to me by Friday 1st November.

Yours faithfully



Mrs H Stedmon
EPQ Coordinator



STUDENT NAME TUTOR

TO BE RETURNED TO Mrs Stedmon by 1st November 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: University of Southampton EPQ Trip		Date: Wednesday 13 th November 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: