

Parental / Carer Consent Form - CRM

Dear Parent / Carer,

Your child / dependant may have the opportunity to take part in university visits, mentoring programmes, summer schools, subject tasters, revision classes and a whole range of other rewarding activities.

To make sure these activities are useful and effective for young people, we need to gather certain information which we use purely for research purposes. We would be really grateful if you could take a few minutes to complete this consent form in **CAPITALS** and return it to your child / dependant's school.

The information collected on this form will be used for research purposes only.

Student Name:			
Date of Birth: <i>(DD/MM/YY)</i>		Year Group:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Home Address:			
Home Postcode:			
Email:			
School / College:			

Parental / carer occupation (we would like to know the following information for research purposes only)

What is the occupation of the highest earning parent/carer currently living in the household (please state)?

Educational background of parents/carers

Have any of your child/dependant's parents or carers been to university or taken a degree? Yes No Don't know

Free School Meal eligibility

Has your child/dependant been eligible for Free School Meals at any time in the last six years? Yes No Don't know Prefer not to say

Has your child/dependant been in care?

Please select Yes if: Yes No

- Your child/dependant has spent any time living in public care as a looked after child, including: in local authority care and living with foster carers or in a children's home
- Your child/dependant has been 'looked after' at home under a home supervision order in Scotland

Please select No if:

- Your child/dependant has not spent time in care.

Please note this does not refer to time spent working in a care or healthcare setting or if your child/dependant is or has been a carer for a relative.

If you have answered 'Yes' to the question above, please indicate the total length of time your child/dependant has been in care:

Less than 3 months 3 months to a year 1 to 3 years More than 3 years

Do you consider your child/dependant to be a young adult carer?

Please select Yes if: Yes No

- They are a young person who cares, unpaid, for a family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Student Ethnicity (please tick)		
White - English / Welsh / Scottish / Northern Irish / British Irish <input type="checkbox"/>	Other mixed background <input type="checkbox"/>	Black - African <input type="checkbox"/>
White - Gypsy or Irish Traveller <input type="checkbox"/>	Indian <input type="checkbox"/>	Black - Caribbean <input type="checkbox"/>
Other White background <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other Black background <input type="checkbox"/>
White and Black Caribbean <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Arab <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other ethnic background <input type="checkbox"/>
White and Asian <input type="checkbox"/>	Other Asian background <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Student Disability (please tick)		
No known disability <input type="checkbox"/>	Deaf/hearing impaired <input type="checkbox"/>	Unseen disability <input type="checkbox"/>
Wheelchair user/mobility impaired <input type="checkbox"/>	Mental health condition <input type="checkbox"/>	Other disability <input type="checkbox"/>
Blind/visually impaired <input type="checkbox"/>	Multiple disabilities <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Specific Learning Difference e.g. Dyslexia, Dyspraxia or Dyscalculia <input type="checkbox"/>	Autism/Asperger's <input type="checkbox"/>	

Photography and Video

Universities in the Midlands sometimes use photography/video filming for publicity purposes. We would like your permission to photograph/video your child/dependant for possible use in our publications, website, social media platforms and other publicity material. They may also be used by our partner organisations (noted below) with our permission. The image(s) will remain the property of the university providing the activity and will be used for the sole purpose of promoting similar activities.

I give permission*/do not give permission* for photographs and/or video to be taken of my child/dependant for the purposes stated above.

(*please delete as appropriate)

Further Contact

From time to time we may send information to you or your child/dependant that we feel is useful, including university/education information or more opportunities to take part in activities. We may also wish to make contact for further research purposes.

I agree*/do not agree* to me or my child/dependant being contacted by the partners mentioned below.

(*please delete as appropriate)

Further Contact with Harper Adams Univeristy

To sign up to receive further information from Harper Adams Univeristy to include emails containing information, advice and guidance about future education options please provide details below. (These details will NOT be passed to any third parties other than the CRM provider).

If you would like your child/dependant to receive further information from Harper Adams University then please tick this box.

To be sent to the following email address:

If you would like to receive further information for parents/carers from Harper Adams Univeristy then please tick this box.

To be sent to the following email address:

(*please delete as appropriate)

Data Protection

In order to ensure that our activities are effective and reaching the right people, we collect and analyse statistical information, including information about your child/dependant's ethnicity and disability statement. We may share the data held on this form with one or more of the following receiving organisations:

- partner Higher Education providers in the Midlands,
- the Higher Education Funding Council for England (HEFCE),
- the Universities and Colleges Admissions Service (UCAS),
- the Higher Education Statistics Agency (HESA),
- the Department for Education (DfE),
- Higher Education Access Tracker (HEAT) service subscribers,
- the National Data Service,
- your child/dependant's school or college,
- the school or college's Local Authority

EMWPREP and the receiving organisations may then link data from this form to additional educational data about your child / dependant (including DfE attainment data held on the National Pupil Database, UCAS records and/or HESA student records). We may access this data and use it to monitor the impact of our activities.

Any personal data we collect will only be shared with the partners mentioned above, all research publications will be anonymised and the data will not be used for any other purpose. Data will be processed in accordance with the Data Protection Act 1998. For more information, please see www.legislation.org.uk or call 01509 223462.

PLEASE COMPLETE THE INFORMATION BELOW

Name of parent/carer:

Relationship to child/dependant: Date:

Signature of parent/carer:

If you **do not** give your consent for the information collected on this form to be used in the above mentioned research, then please tick this box.

Thank you for completing this form. If you have any questions or would like further information, please contact the Widening Participation Research and Evaluation Co-ordinator on **01509 223462** or by emailing **E.Church@lboro.ac.uk**