

## Student Website Booking Form

Please complete **all** sections of this form (in capitals) and return to the address below.

<b>Course Title</b>	
<b>Dates</b>	
<b>Student Details</b>	
First name	
Middle name(s)	Surname
Home Address	
Postcode	E-mail
Home telephone number	Mobile telephone number
Date of birth	Male/Female (please delete as appropriate)
List AS/A2 level Subjects or other Post-16 qualifications achieved or currently being studied	
<b>School/College Details</b>	
School / College	
Address	
Telephone number	E-mail
<b>Payment Information and Terms and Conditions of booking</b>	
1. Places will not be allocated until after the relevant closing date	
2. Schools/colleges will be invoiced after the allocation of places. Please do not make payment with applications	
3. Payment is due within 30 days of invoice date or prior to the start of the course if sooner	
4. An administration cost of £30 will be incurred for cancellation at any time after the booking is confirmed	
5. Cancellation within 30 days of the start of the course, or failure to attend, will incur full cost	
6. Villiers Park Educational Trust is not registered for VAT	
<b>Permission from Student's School/College</b>	
Does the student have the potential to achieve an A grade at A2?	Yes/No (please delete as appropriate)
I confirm that this student has been granted permission from his/her school or college to attend the above course which may take place during term time. We support his/her application to attend.	
Name (please print)	Role
Signature	Date
	E-mail

***Consent details overleaf must be completed***

**Please return to - Villiers Park Educational Trust, Royston Road, Foxton, Cambridge CB22 6SE**

Please Turn Over

# Consent and Student Information Student name .....

Please ask a parent/guardian to read and complete the following (if you are 18 years old you may do so yourself)

## Medical Information

Please give details of any current/long term medical conditions, including medication

Please give details of any allergies to any medication, food, pollen etc

I undertake to inform Villiers Park staff of any change in the above medical circumstances between the date signed and the start of the course.

Name of student's GP

Telephone Number

## Any Dietary Requirements (ie vegetarian, vegan, food intolerances or you do not eat a specific food type(s))

Villiers Park Educational Trust cannot guarantee that it will meet all dietary and food allergy requirements

## Emergency Telephone Numbers

Please list below emergency contact names and telephone numbers other than your home number

1. Parent(s)/Guardian(s)

Telephone number

2. Additional emergency contact

Telephone number

## Publicity (please delete as appropriate)

I give permission for my child to be photographed and filmed for the purpose of promoting the educational activities of Villiers Park

Yes/No

I give permission for written and verbal comments from my child to be used for the purposes of promoting the educational activities of Villiers Park Educational Trust

Yes/No

I give permission for my child's contact details to be shared with other Villiers Park group members

Yes/No

## Declaration (please delete as appropriate)

Is your child a first generation HE applicant?\*

Yes/No

Was your child in receipt of Free School Meals during secondary school?\*

Yes/No

Is your child receiving financial assistance from their school/college?\*

Yes/No

## Please note that we will be unable to process your application without this information.

I agree to my child taking part in this course and to their participation in all of the activities, some of which may take place off the premises. I understand that there will be periods when students are unsupervised and I acknowledge the need for responsible behaviour on the part of my child. I fully understand and agree to the rule that students are not allowed to go to the pub, drink alcohol or take drugs during the course, and accept the Villiers Park policy as final on this matter.

By signing and supplying the details on this form I agree to the holding and processing of the above information

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed ..... Date .....

\* NB: A proportion of places on each course are reserved for students who meet these criteria