**Next of Kin, Contact and Consent Form for 16-18 (including 19-24 EHCP)**

**Academic Year 2024-25**

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| Learner Name |  | | | Address |  |
| ID No  *(on Student card)* |  | Date of Birth |  |

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| **NEXT OF KIN AND EMERGENCY CONTACT INFORMATION** |
| **Contact 1 - Next of Kin Contact Details** (must have legal parental responsibility for the young person aged 16-18 or 19-24 with an EHCP)  Full Name: ………………………......................................................................................................................................   |  |  |  |  | | --- | --- | --- | --- | | Relationship to learner | Parent | Guardian | Person with Legal Parental Responsibility | | Please tick |  |  |  |   Address (if different to above) ………………………………………………………………………………………………………  E-mail: ..........………………………………………………........... Mobile: ………………………........................................  Home Tel: ........................................................................................................................................................................ |
| **Contact 2 – Next of Kin or Emergency Contact Details**  Full Name……… …………………………………………………………………………………………………………………….  Relationship to learner ……………………………………………………………………………………………………………...  E-mail: ..........………………………………………………........... Mobile: ………………………........................................  Home Tel: ........................................................................................................................................................................ |

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| **CONSENT** | |
| **Image or Quote Consent** | **Please Circle** |
| I give consent to use my young person’s image (photo or video) and/or quote for use in printed publications, on video, press releases, on websites, in adverts or social media produced by or for Nelson and Colne College Group which includes Nelson & Colne College and Accrington & Rossendale College for promotional purposes. | **YES**  / **NO** |
| **College Trips/Visits Consent** | |
| I give consent for my young person to participate in local off-site activities and visits; these visits may include short journeys on foot or in vehicles and may continue beyond their usual college hours.  This does not apply to adventurous activity or an overnight stay, a separate consent form will be issued for such activities). | **YES**  / **NO** |
| **External Work Experience Consents** | |
| I give consent for my young person to participate in a work experience placement | **YES**  / **NO** |
| I give permission for any relevant additional/medical information to be shared with the work placement provider to ensure that appropriate health & safety precautionary measures are in place (if appropriate) | **YES**  / **NO** |
| **Medical Conditions** | |
| If your young person has a medical condition, please provide further details below: | **YES**  / **NO** |

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| **Authorisation** (person with legal responsibility for the young person detailed above) | | | |
| By providing these details I am consenting to the college using this information as appropriate. | | | |
| Please Print Name |  | | |
| Signature |  | Date |  |

**It is important that we have up-to-date relevant information, if any of the above information changes, please contact:**

Accrington & Rossendale College [admin.arc@nelsongroup.ac.uk](mailto:admin.arc@nelsongroup.ac.uk) 01254 389933

Nelson & Colne College [admin.ncc@nelsongroup.ac.uk](mailto:admin.ncc@nelsongroup.ac.uk) 01282 440200

Details provided on this form will be input into the College data system (EBS) and trips and visit system. Further information on how we use your personal information can be found in our privacy notices available on the College website ([www.nelson.ac.uk](http://www.nelson.ac.uk))

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| **Office Use Only** | |
| **Date Input on EBS** |  |
| **Input By** |  |