**Name of Programme/Visit: (Please fill before printing)** **Date:**

|  |  |
| --- | --- |
| Surname: | Forename(s): |

|  |
| --- |
| Address 1:  Address 2:  County:  Postcode: |

|  |  |
| --- | --- |
| Telephone Number: | Email: |

|  |  |
| --- | --- |
| Date of Birth: | Medical Conditions:  Disability: |

|  |  |
| --- | --- |
| Ethnicity: | Gender: |

|  |  |
| --- | --- |
| School Name: | School Year: |

|  |  |  |  |
| --- | --- | --- | --- |
| **First in Family to attend University (optional circle decline if you don’t wish to answer)** | | | |
| Has any member of the family studied at a university? | Decline | Yes | No |
| Does the child have any experience of being in the care system | Decline | Yes | No |
| Is the child a carer for a family member or dependant | Decline | Yes | No |
| Is the child a Welsh Speaker | Decline | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Use of Photographs, Films and Further Communication:**  Reaching Wider: North & Mid Wales Partnership (RWNMWP) and/or third parties contracted by RWNMWP to deliver services may publish photographs and films with first names of participants undertaking activities on its website, promotional material and on social media platforms.   |  |  | | --- | --- | | Please place an **x** in the box if you consent for your and/ or your child’s photograph to be used |  |   If you would like to receive information from the RWNMWP about further Reaching Wider activities, please provide your **Email Address/ Postal Address or Phone Number** in the box below.   |  | | --- | |  | |

|  |
| --- |
| **Parental / Participant Permission and Data Protection Statement:** |
| The information you give on this form is confidential and will be held on a secure database in accordance with the requirements of the Data Protection Act 2018. Further details can be found at: www.bangor.ac.uk/planning/dataprotection/index.php.en  **By signing this form, I confirm that the information provided on this form is correct to the best of my knowledge and I consent for this information to be used:**   1. To ensure that the appropriate support is in place for those participating in a Reaching Wider activity 2. For tracking and monitoring purposes with regards to my child’s educational journey up to the age of 25 3. On Strobe. \*Strobe is a UCAS service that can track individuals into the UCAS applications system, and report anonymously on their outcomes or characteristics at aggregate levels.   By signing this form, I also agree to grant Reaching Wider a non-exclusive license to use material created by me / my child (the Project Participant) during the project for educational and marketing purposes, and other non-commercial activities. |

|  |  |
| --- | --- |
| Parent/Guardian Name:  *Delete as appropriate* | Parent/Guardian Signature:  *Delete as appropriate* |

If you have any questions about this form please contact the project leader. RWNMWP is HEFCW-funded.