



Welcome to Cockermouth School Sixth Form

Data collection & parental consent forms

Student's Name:

Current School:

Forms for Completion

Please complete all forms accordingly and return to school as detailed below. The *Welcome to Cockermouth School Sixth Form* information booklet should be read before completing these forms.

Form Description	Return by:	Return to:
Sixth Form Transition Document (All students must complete – separate form)	End of Induction Day 2	Sixth Form Office
<i>The forms listed below should be completed by all students new to Cockermouth School. Current Cockermouth School students need only complete these if there have been recent changes to their details or consent preferences have changed.</i>		
Student Details & Medical Information	End of Induction Day 2	Sixth Form Office
Parental/Student Declaration & Consent		Do not separate the forms

STUDENT DETAILS & MEDICAL INFORMATION

It is important that we have the correct personal information on our school database, especially with regard to emergency contact details. Please complete all sections of this form and return as detailed on page 2. All personal data are collected and processed in compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA).



STUDENT DETAILS	
Student's Legal Surname: (as on Birth Certificate/Deed Poll)	
Student's Legal First Name(s): (as on Birth Certificate/Deed Poll)	
Known As: (if different to above)	
Date of Birth:	
Sex: (i.e. assigned at birth)	
Pronouns: (he/his, she/hers, they/theirs etc.)	
Student's Main (primary) Home Address:	
Second Home Address: (if relevant)	
With whom does the student live?	
Who has parental responsibility? (e.g. both parents, mother, father, carer, local authority)	
Is there a Court Order in Place? (If YES, our DSL will contact you for further details)	

PARENT / CARER EMERGENCY CONTACT DETAILS (please add a minimum of three contacts):

List contacts in the order in which you would like them to be contacted in the event of an emergency. Consent must be obtained from contacts before you enter their personal details onto this form. You should include the name(s) of **all persons known to have Parental Responsibility** (including divorced parents, foster carers or social workers). A primary email address and mobile number should be included for parents/carers.

EMERGENCY CONTACT DETAILS (minimum of three)				
CONTACT 1	Name & Title:			
	Relationship to Student:			
	Home Address (if parent):			
	Telephone Numbers:	H:	M:	W:
	Email Address (if parent):			
CONTACT 2	Name & Title:			
	Relationship to Student:			
	Home Address (if parent):			
	Telephone Numbers:	H:	M:	W:
	Email Address (if parent):			
CONTACT 3	Name & Title:			
	Relationship to Student:			
	Home Address (if parent):			
	Telephone Numbers:	H:	M:	W:
	Email Address (if parent):			
CONTACT 4	Name & Title:			
	Relationship to Student:			
	Home Address (if parent):			
	Telephone Numbers:	H:	M:	W:
	Email Address (if parent):			

DIETARY INFORMATION	
Is the student eligible for Free School Meals? (This will be checked against Cumberland Council)	
Does your child have any food allergies? Please list all that apply e.g. eggs, gluten, nuts, shellfish	
<i>Please note that, for safeguarding purposes, kitchen staff may discreetly display a photo of your child together with any allergy information near the kitchen servery. Let us know if you object to this.</i>	

MEDICAL INFORMATION		
Name of Medical Practice/GP Surgery:		
Medical Conditions or Illnesses		
Please list all conditions or recent illnesses that school should be aware of:		
Prescribed Medication		
Please give details of any prescribed medication/treatment taken for the above condition(s), including EpiPen, inhalers, tablets etc.:		
Does your child intend to carry this medication or have it administered in school?	YES	NO
If YES, a member of our pastoral support team will contact you for further information as a separate form needs to be completed for each medication carried or administered.		
Does your child have an Individual Health Care Plan from their previous school?	YES	NO
If YES, please give brief details for the pastoral support team to follow-up:		
Is there any other medical/disability information that the school should be aware of? Please give details below:		
ETHNIC/CULTURAL INFORMATION		
Ethnicity (optional): (e.g. Black African, Chinese, White British)		
First Language (optional): (i.e. First language exposed to at birth)		
Home Language: (Language most frequently spoken at home)		
Country of Birth (optional):		
Nationality (optional):		
Religion (optional):		
ADDITIONAL INFORMATION		
Meal Option: (e.g. School meal, packed lunch)		
Mode of Travel to School: (e.g. School bus, service bus, taxi, car, walk etc.)		
Child of Service Parents (optional): (If either parent is in the Armed Forces or in receipt of a child pension from the MoD, please state the relevant parent's name)		
WELFARE INFORMATION		
Is the Student in the care of a Local Authority?		
If YES, enter Local Authority Name:		
Is the Student a Young Carer?		
Adopted Children or those with Special Guardianship Order or Residence Order: If you haven't already supplied this information, let us know if your child has been adopted from care, either by email to moffata@cockermouthschool.org or by letter addressed to the Data Manager, c/o Cockermouth School (in strict confidence).		

OTHER INFORMATION

Current or most recent school:

Are duplicate reports & correspondence required?

We do not routinely provide duplicate reports for divorced or separated parents. However, if family circumstances are such that it is necessary for reports and correspondence to be sent to a parent at a different address, please provide their information below:

PARENTAL DECLARATION

Please sign and date below to indicate that the information you have provided on the above form is, to your knowledge, correct, and that you have sought consent from all emergency contacts listed before providing their personal data.

Parent / Carer Signature: **Date:**

PARENTAL & STUDENT DECLARATION & CONSENT

**ACCEPTABLE USE POLICY (AUP): INTERNET, MOBILE DEVICES, ICT FOR STUDENTS
STUDENT DECLARATION AND PARENTAL PERMISSION**

The AUP section must be signed by **both** the student and a parent or carer (see AUP information on page 19 in the *Welcome to Cockermonth School Sixth Form booklet*).

STUDENT: As a school user of the Internet, I agree to comply with the school rules on its use. I will use the network in a responsible way and observe all the restrictions explained to me by the school in the *Acceptable Use Policy: Internet, Mobile Devices, ICT for Students*.

Student's Signature **Date**

PARENT / CARER: As the parent or carer of the student signing above, I grant permission for my child to use electronic mail and the Internet, and their own mobile device as outlined in the *Acceptable Use Policy: Internet, Mobile Devices, ICT for Students*. I understand that students will be held accountable for their own actions. I also understand that some materials on the Internet may be objectionable and I accept responsibility for setting standards for my child to follow when selecting, sharing and exploring information and media.

Parent / Carer Signature **Date**

PARENTAL & STUDENT DECLARATION & CONSENT

One signature at the end of this section covers all of the following consents.

Please note that any of the consents included on this form, once given, can be withdrawn at any time by contacting the Data Team on dataoffice@cockermonthschool.org

NAME, IMAGE AND VOICE CONSENT FOR MARKETING / SOCIAL MEDIA

We do not need your consent to use your child's name, image or voice in school for educational purposes; however, we do need consent for marketing purposes. For further information, please see page 17 of *Welcome to Cockermonth School Sixth Form*. We would encourage you to discuss this with your child as, under UK data protection law, a child aged 12 or above is generally considered to have sufficient capacity to exercise control over their own personal data.

By selecting Yes to any option below, students and parents should be aware that, in celebrating student successes, and when publishing photos in the Press or on social media sites, school may use the student's full name in captions or on social media posts.

Please read the following statements and indicate your consent by ticking the relevant box(es):

	YES	NO
1) Name, image and voice recordings of my child being published in media used for official school purposes in line with school policy, which school directly controls and which will never be published online by school e.g. the promotional montage video that plays on repeat in reception, promotional leaflets and banners.	<input type="checkbox"/>	<input type="checkbox"/>
2) Name, image and voice recordings of my child being published in media, which school directly controls and which will be published online and therefore be available worldwide e.g. the prospectus, the school website, school social media sites (Facebook, Twitter, Instagram etc.).	<input type="checkbox"/>	<input type="checkbox"/>
3) Name, image and voice recordings of my child being published in media, which school does not directly control i.e. outside organisations, which school has carefully selected and which will be published online e.g. news media, other school websites publicising events that your child participated in, external sporting events, external drama or music events etc.	<input type="checkbox"/>	<input type="checkbox"/>

I understand that any image or voice recordings I might make at Cockermonth School events must not be used inappropriately **and** that they cannot be shared publicly without suitable consent from everyone in them. I also understand that if these rules are not respected, governors/trustees reserve the right to stop everyone from recording school events.

BIOMETRIC CONSENT FOR CASHLESS CATERING & LIBRARY MANAGEMENT SYSTEMS

The school uses biometric data to manage the cashless catering system (for school catering provision) and the library management system. This provides significant efficiencies for the school and makes the process easier for your child. For further information see page 18 of the *Welcome to Cockermouth School Sixth Form* booklet.

Please tick only one box to indicate your consent:

YES	NO

Consent for use of biometric fingerprint data for the cashless catering and library management systems

EDUCATIONAL VISITS CONSENT

The Educational Visits' consent will last while your child is with us at Cockermouth School, but it is good practice for us to check your consent still applies when we offer residential or adventurous visits. When we tell you about them, we will ask for current information about your child, e.g. updated medical needs, sleepwalking, swimming ability etc. You should also complete and return any slip provided at that time.

DECLARATION

I understand that:

- All trips and activities are covered by this consent and will include;
 - all visits (including residential trips) which take place during the holidays or a weekend,
 - adventure activities at any time *and*
 - off-site sporting fixtures outside the normal school day.
- School will provide me with information about each trip or activity before it takes place.
- I can inform school that I **do not** want my child to take part in a particular trip/activity and I should do so in writing.
- I **must** ensure that I and my child understand and agree to abide by any trip Code-of-Conduct.
- I **must** keep school informed if any medical information I have provided becomes out-of-date or where religious beliefs may impact on any medical treatment my child may receive.
- I **must** keep school informed if any emergency contact information I have provided becomes out-of-date or does not apply to a particular trip and I must provide alternatives as necessary.

All school activities are appropriately insured. I also understand the extent and limitations of this insurance (details available on request).

Please tick only one box:

YES	NO

Consent for my child taking part in school trips and other activities that take place off-site and to them being given urgent medical or dental treatment or necessary pain relief during any trip or activity.

Trip Medical Information: please list details of any medical conditions (including allergies and travel sickness) that your child suffers from, and any medicines with dosage etc. that they should take during off-site activities including those outside school hours or overnight – attach additional sheet if necessary.

EDUCATIONAL VISITS: Using our website or mobile apps to stay in touch

To keep up-to-date with information about Cockermouth School, particularly activities, visits and fixtures (*please delete as applicable:

- I **can / cannot*** use the school website.
- I **can / cannot*** use the school apps (e.g. Firefly)

Please enter the names of two Emergency Contacts below who can be contacted during educational visits or extra-curricular activities

EMERGENCY CONTACTS	Contact One:	Contact Two:
Contact Name:		
Relationship to Student:		
Telephones (H,M,W):		

NECESSARY PAIN RELIEF (Paracetamol)

We will not give your child any medicine, including necessary pain relief, unless it is in line with our *Supporting Students with Medical Conditions Policy* and you give your express consent here (**tick only one box**):

YES	NO

Consent for my child receiving necessary pain relief medicine (Paracetamol) in line with the school policy and as per my instructions or those of a medical practitioner.

I understand that, if my child will require the regular administration of medicine at school, even for a limited time, I **must** complete another form available from the pastoral support team.

YOUTH SUPPORT SERVICES (INSPIRA) INFORMATION SHARING

We are legally obliged to share some data with Youth Support Services (child's name, address, date of birth, and name and address of a parent). We need consent to share any other data. For further information see page 25 of *Welcome to Cockermouth School Sixth Form*. Please note that students over the age of 16 can sign this section for themselves

Tick only one box:

YES	NO

Consent for the sharing of my/my child's data (other than that legally required) as requested by Inspira.

Student Signature: (if over 16)		Date:	
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SIGNATURE FOR ALL PARENTAL CONSENTS INDICATED ABOVE:

Print Parent/Carer Name:		Relationship to Child:	
Signed:		Date:	

When completed, please return this form to:

- The Data Office, Cockermouth School, Castlegate Drive, Cockermouth CA13 9HF

The forms can also be scanned/photographed and emailed to: dataoffice@cockermouthschool.org. Be aware that, whilst Cockermouth School's email server is secure, we cannot be responsible for the security of your own email provider.

Headteacher:

Mr R J King BSc

Chair of Governors:

Mr A Rankin

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