

PARENTAL CONSENT FORM

For 17-Year-Old Students on Adult Courses



celt
CENTRE FOR ENGLISH
LANGUAGE TEACHING
6 Salisbury Road
Cardiff CF24 4AD
United Kingdom
Tel: +44 (0)29 2033 9290
Fax: +44 (0)29 2033 9515
Website: <http://www.celt.co.uk>
E-mail: english@celt.co.uk

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at CELT Centre for English language Teaching.

17-year olds who are registered on adult courses in the adult centre are less closely supervised than they would be on junior courses in the North Road centre but still receive rules and safety guidance regarding matters such as alcohol consumption, drugs and curfew times, as well as guidance on areas to avoid such as parks at night and how to keep safe. This takes place during induction and is included in the written Guidelines For Students (Adult Courses).

Please note that the student will not be able to start the course until the form is received by CELT.

Data Protection

We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need to know basis during the time they are enrolled at CELT; this may include healthcare and welfare professionals.

Student Details

First Name:		Family Name:	
Date of Birth:		Nationality:	
		Gender:	Male / Female
Passport/ID Card Number		Passport Expiry Date: (dd/mm/yyyy)	
Home Address			
Dates of Study:			
Enrolled to study at:	CELT - Centre for English Language Teaching 6-8 Salisbury Road, Cardiff. CF24 4AD Wales		

Personal Information of Parent/Guardian 1

Title (e.g. Mr, Mrs, Ms):			
First Name		Family Name:	
Relationship to Child:			
First Language:		Level of English:	
Home Address:			
Mobile Number*:			
Telephone Number*:			
Email Address:			

Personal Information of Parent/Guardian 2

Title (e.g. Mr, Mrs, Ms):			
First Name		Family Name:	
Relationship to Child:			
First Language:		Level of English:	
Home Address:			
Mobile Number*:			
Telephone Number*:			
Email Address:			

*Please remember to include the full international codes for all phone numbers

Travel

I give consent for my son/daughter to travel to the UK and study at CELT.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
I agree that my son/daughter can travel unaccompanied on public buses between his/her accommodation and CELT (before and after school or social programme activities). <i>17-year-olds studying as adults in the adult centre travel independently and unsupervised. However, the homestay provider will still be required to show your son/daughter the route to and from school before their first lesson</i>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Accommodation

I agree to my son/daughter staying in homestay accommodation arranged by CELT.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
He/she understands that he/she must follow the 'school and house rules', which are provided in the Adult Guidelines	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<p>If your son/daughter is staying with family members or in accommodation arranged by yourself, please give full details of the responsible adult in the accommodation below. Please note that a condition of this accommodation arrangement is that the responsible adult should be aged at least 25. CELT has no control over or influence on accommodation that has been arranged independently from the school.</p> <p>We also require a scanned copy of the responsible adult's passport/ID and may ask to meet him/her and visit the accommodation in advance of your son/daughter's arrival to ensure that the school is comfortable with the arrangements</p>	
Title: (e.g. Mr, Mrs, Ms):	
First Name:	Family Name:
Date of Birth:	Relationship to the child:
Passport / ID Card Number:	Passport Expiry Date (dd/mm/yyyy)
Address:	
Mobile Number:	
Email Address:	

Curfew Times

I agree the following times when my son/daughter must be in their accommodation: 22:30	Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------------------------------------------------------------------	-------------------------------------------------------------

Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated times. If you wish your child to be absent from the course at any time, please contact CELT directly so that suitable arrangements can be made.

Leisure Activities

I understand that my son/daughter must attend all classes .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my son/daughter to go on any activities or trips organised by CELT and to take part in these activities, under supervision.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ball games	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swimming and water sports (always supervised by qualified lifeguard)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Photographs and Video Clips

I understand that CELT may take photographs or video clips of students doing class or leisure activities and that these images may be used in CELT's publicity or on its social media sites or for training. I consent for images to be used in CELT's publicity or for training such as:

I consent for images to be taken	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CELT's school noticeboards or for classwork	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CELT's website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CELT's hard copy brochures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CELT's social media site	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CELT's training media (video)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Unsupervised Time

I understand that outside the lessons and any social activities there will be times when my son/daughter is not directly supervised by CELT staff.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my son/daughter to be unsupervised during breaks and at lunchtimes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my son/daughter to be unsupervised during the time between the end of his/her classes and the time of the evening meal at their accommodation, usually at 18.00.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my son/daughter to be unsupervised during free time in the evening after the evening meal and at weekends, subject to the curfew time of 22.30 <i>Please note that any trips outside Cardiff, especially if an overnight stay is involved, needs additional parent/guardian consent to each individual trip and must be arranged at least 72 hours in advance.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my son/daughter to receive the same level of supervision as an adult during activities and trips	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my son/daughter to be unsupervised during shopping time on trips arranged by CELT.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical

Please tell us about any medical problems your son/daughter has. If we are not told in advance about a physical or mental condition, we reserve the right to terminate the student's course.

Does your son/daughter have:

Asthma or bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fits, fainting or blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severe headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Travel sickness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Known allergies to medicines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other allergies e.g. pets, food, materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bed wetting/incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any mental health problems (including eating disorders, hyperactivity)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is your son/daughter on regular medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your son/daughter require regular hospital treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your son/daughter take any medication which he/she will bring with him/her?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything else we should know about?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above questions above is YES, please give details below:

Medical (continued)

In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your son/daughter being given non-prescription medication such as paracetamol, cough, medicine, throat pastilles, antihistamine or travel sickness tablets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give consent for my son / daughter to receive first aid from a trained first aider	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In case of an emergency, do you give permission for a responsible person in CELT or in their homestay to arrange medical treatment? <u>Every effort will be made to contact you, the child's parents / guardian as quickly as possible.</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Students are responsible for the care and administering of their own medication. Can you confirm that your son/daughter is able to self-administer his/her medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the medication need to be kept in a fridge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your son/daughter have medical insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your son/daughter is from the EEA(European Economic Community) does he/she have a valid EHIC (European Health Insurance Card)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any other useful information which will help us to support your son/daughter while he/she is studying at CELT? (e.g. past medical history, history of homesickness, first time abroad, boyfriend/girlfriend issues, recent death of a family member of friend etc.?) If so, please add the details below:		

Long-stay Students (4 Weeks or longer)

Details of student's doctor in home country:			
Title (e.g. Mr, Mrs, Ms):			
First Name:		Family Name:	
Address			
Telephone:			
Email Address:			
When did your son/daughter last have a tetanus injection?		Date: dd/mm/yyyy:	
I give permission for my son/daughter to be registered with a doctor (General Practitioner) in the UK.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Consent

I confirm that the above details are accurate and complete.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
I agree to the terms and conditions.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
I have discussed the agreed arrangements and rules with my son/daughter Signature of the parent/guardian:	
I have discussed the agreed arrangements and rules with my parent/guardian Signature of the student:	