

# PARENTAL CONSENT FORM

## For Students Aged Under 18 (HLC Individual)



**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](mailto: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.

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 20-22 North Road, Cardiff. CF10 3DY 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).	Yes <input type="checkbox"/>
<i>Under 18s are typically accommodated in homestays in pairs and are housed wherever possible in areas where there are a number of other students; under 18s are encouraged to travel together to and from school.</i>	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 Under 18 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 accommodaton 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: Weekdays and Weekends: 22.00 (13-15 year olds); 22.30 (16 and 17 year olds).	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 participate in all the social programme activities and excursions organised by CELT.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give permission for my son/daughter to go on any 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 during 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

<p>I understand that outside the lessons and social activities there will be times when my son / daughter is not directly supervised by CELT staff.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I give permission for my son/daughter to have unsupervised free time at lunchtimes between the end of morning classes [12.45] and afternoon classes/activities [13.45].</p> <p><i>This unsupervised time is on the condition that the under 18s remain in groups of three or more: guidelines are provided in induction about the closest coffee shop and supermarket and the students and group leaders are made aware of the recommended road crossing points. This is covered by the relevant risk assessment.</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I give permission for my son/daughter to have unsupervised free time in Cardiff during the time between the end of classes/activities [between 16.30 and 17.30] and the time of the evening meal at their accommodation [usually 18.00]</p> <p><i>Under 18s are encouraged to remain in groups of three or more and to stay in areas in the city centre which are well-lit, busy, largely pedestrianized and close to bus stops for the journey home. They are shown the bus stop(s) to use during their first day orientation walk</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I give permission for my son/daughter to have unsupervised free time in the evening after the evening meal and at weekends, subject to the curfew time of 22.00 [22.30 for 16 and 17 year olds]</p> <p><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></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I give permission for my son/daughter to have unsupervised free time for shopping during trips arranged by CELT</p> <p><i>During unsupervised free time, under 18 students are required to remain in groups of three or more within a restricted area. Any unsupervised free time for younger students (under 16s) is more restricted and teachers and/or group leaders take into account the location and the type of students when deciding how long (or whether) to leave the students on their own.</i></p>	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:

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

Is your son/daughter on regular medication?

Yes

No

Does your son/daughter require regular hospital treatment?

Yes

No

Does your son/daughter take any medication which he/she will bring with him/her?

Yes

No

Is there anything else we should know about?

Yes

No

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	No

## Consent

I confirm that the above details are accurate and complete.	Yes <input type="checkbox"/>
	No
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:	