



24 HOURS AT YSJ RESIDENTIAL PARENTAL CONSENT FORM

Dear Sir/Madam,

Your dependent has successfully applied to be a part of 24 Hours at YSJ. The purpose of this residential is to allow young people to experience university life and aid them in making a decision about where and what they would like to study in the future. The dates of this project are the 16th-17th of July at the Lord Mayor's Walk campus in York. All travel arrangements shall be organised by York St John University on behalf of you dependent. We shall confirm travel and final details about the event in due course.

In order for your dependent's place to be confirmed on the residential please fill out the form below and return to us. Your dependent shall be unable to attend this event without the fully completed form. Please ensure that this form is returned via the parent/guardian's email address so that we can verify parental permission has been given.

Please return the completed form to the event lead Ollie Johnson at o.johnson@yorks.ac.uk The form can be completed digitally or by hand and a photo or scan taken of the document. If you require a hardcopy posting then please contact us.

Yours sincerely

Ollie Johnson & the 24 Hours at YSJ team.

Education Outreach Coordinator & 24 hours at YSJ Project Lead

I_____ hereby give my consent for my dependent, _____ to participate in the 24 Hours at YSJ residential.

Please confirm your relationship to your dependent:

Please confirm the DOB of your dependent in DD/MM/YYYY format: / /

We shall have professional photography and filming staff covering the event. Please confirm that you are happy for your dependent to be photographed and filmed for the promotion of this event: Yes/No

Do they have any Dietary or Medical issues? Yes/No

If Yes then please give more detail here:

The Student Recruitment Team are First Aid trained. Do you consent to us using our training if deemed necessary to help your dependent? Yes/No

Emergency Details

Contact Name:

Email:

Mobile Number:

Secondary Number:

PRINT NAME,

SIGNATURE:

DATE OF SIGNING:

Thank you for completing this form. We shall not use any of the information obtained for any other use and keep all data in accordance with GDPR.