

BERWICK



Year 11 Easter Taster Day Application Thursday 25th April 2019

Our Taster Days provide future students with a taste of the wide variety of courses we offer and give you an idea of what life as a Northumberland College student is really like.

WHAT'S ON OFFER?

We are offering one day of exciting activities that allow you to try subject areas you may not have had the opportunity to study before. You can choose to try a day of your chosen subject.

Please tick one Taster Day from the options below.

TASTER DAY

MULTI SKILLS CONSTRUCTION

MOTOR VEHICLE

HAIR

BEAUTY

ART

MEDIA MAKE-UP

MUSIC

EARLY YEARS

TRAVEL

HEALTH AND SOCIAL CARE



Please complete the application below and return with the subject selection sheet to Help Hub by **Friday 22nd March**.

FREEPOST MP58
Northumberland College
College Road
Ashington
NE63 8BR

Alternatively please email helphub@northland.ac.uk or call 01670 841 200 if you have any questions.



Name:

D.O.B:

Address:

Postcode:

Telephone:

Email Address:

Secondary School:

Do you have a learning difficulty and/ or disability?

Please provide details of any support you require:

Please provide details of your shoe size:



THIS SECTION IS TO BE COMPLETED BY YOUR PARENT OR GUARDIAN

By signing this consent form I agree that my son/daughter/ward can take part in the said activity and I agree to all activities outlined above. I agree that promotional photographs taken as part of the day's activities can be used in promotional documentation and on social media sites operated by Northumberland College.

The college accepts a duty of care for students arriving at the college for the Easter Taster Days on Thursday 25th April 2019. This extends until the end of each day's activities. The college's duty of care does not extend to the journey to and from the college each day, if a student leaves the site during the course of the day (i.e. during a lunch break) and once a student leaves the site at the end of each day's activities.

Parent/Guardian and Student Declarations

I confirm that to my knowledge there are no health related factors which could adversely affect my safety and/or wellbeing when participating in the activity and/or educational visit described above. Should the need arise during the aforementioned activity(s) that necessitate I require any specialist medical treatment or care, I authorise members of staff, on my behalf, to approve treatment, including any necessary emergency treatment, and any other treatment on or upon the advice of a medically qualified person in the absence of my next of kin.

Parent/Guardian Name:

Parent/Guardian Signature:

Emergency Contact Details:

Date:

Student Name:

Student Signature:

Date:

