



Dear Parent/Carer,

## North Warwickshire and South Leicestershire College Open Evening

NWSLC have a open evening event on Tuesday 5th October 2021 for intake for September 2022. Your son/daughter has expressed an interest in attending the event at one of the two campuses in Nuneaton and Hinckley Harrowbrook to look into a possible course application ahead of September 2022. They have indicated that getting to the event on the evening may be a problem for them due to transport or work commitments within the home, as such we are offering transport in the school minibus and supervised support and guidance for the event for your child. They will be supervised in an educational environment and encouraged to participate in activities and interact with the course providers to find out what is on offer and the requirements for access to the course they are interested in, this will help and prepare them for the next stage of their lives.

The minibus will leave from school on Tuesday 5th October at 5pm and return to school approx. 6.45pm so that pupils have ample time to explore the options open to them. I strongly recommend that your child attends the event as it may be a contributing factor that will benefit their application and onward destination.

This is being offered free of charge so there is no cost to you. Could I just please ask that you complete the attached permission slip and medical form and return them to school no later than lunchtime on Tuesday 5th October. If pupils do not produce both reply slip and medical form then we will not be able to take them. Unfortunately, there are limited spaces so it is a first come-first serve basis until 30 spaces are filled.

Some students have asked if they can be picked up en-route as they will struggle to return to school for 5pm. This will be allowed but only with written parental consent included on the bottom of the form – please tick and sign again. If you have any questions, please feel free to contact me.

Yours faithfully,

Mr M Webb Careers Lead &.....

Please complete and return this slip with the completed medical form to Mr Webb no later than lunchtime on Tuesday 5th October 2021.

I give permission for my child to attend the NWSLC open evening on Tuesday 5th October 2021:

Student Name.....

Parent/Guardian signature.....

1. I will make arrangements for my child to get home once they arrive back at TQEA

2. I accept responsibility for my child walking home once they arrive back at TQEA

3. I would like my child to be collected prior to the bus leaving TQEA at 5pm.

Principal: Mr N Harding - (BA Hons) PGCE NPQHThe Queen Elizabeth Academy, Witherley Road, Atherstone, Warwickshire, CV9 1LZT: 01827 712477E: info@tqea.attrust.org.ukW: www.tqea.attrust.org.uk

Consent to Visits, Medical Details and Treatment Form (OSA2)	
Visit to:	
From: (date) To: (date)	
Name of Pupil:	
Date of Birth:	
Home address:	
Telephone No:	
Emergency contact telephone numbers (home / mob / work)	
1)	
2)	
3)	
Name, address and tel. no. of own doctor	
Known Medical Conditions / Medications:	
Known allergies:	

This data is collected for and to meet our legal obligations, safeguarding duties and education provision.

Are they having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)
Are there any reasons that you know of that stops them from participating fully in the planned activities?
Are there any activities in which they should not participate?
Please indicate any special food dietary / requirements (if applicable):
Other relevant Information:

I wish my child to take part in the educational visit / offsite activity and having read the information provided; agree to them taking part in any or all of the activities described.

I agree to my child receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my child by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to academy staff by the GP **if** circumstances are deemed necessary and appropriate.

## Please note: All educational visits and offsite activities carry some amount of risk.

Your name (Please print):	
Signature:	Date:

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