**Great Grounds Woodland Whiz Kids**

**Data Collection Form**

**Data Protection**

Great Grounds LTD is the data controller of the personal information you provide to us and holds the legal right to collect and use personal data relating to students and their families. We also require information regarding the child from their school.

We are required to inform pupils and their families about how their personal data may be collected and used and the privacy notice can be found in full on the Great Grounds Education website ([www.greatgrpoundseducatio.co.uk](http://www.greatgrpoundseducatio.co.uk)) under Data Protection or via a paper copy available on request.

**Parent and child**

**Surname: …………………………………………….. Legal Surname: …………………………………………..**

**Forename: ……………………………………………. Date of Birth: …………………………………………**

**Address: …………………………………………………………………………………………………………………**

**Post Code: …………………… Parent/Carer Email: …………………………………………………..................**

**Home Telephone: …………………..…….. Parent/Carer Mobile Telephone: …………………..……………..**

(The email address and mobile telephone number above will be used to communicate with you via email/text message)

Please give details below of all persons who have parental responsibility - the parent/carer completing this form must inform Great Grounds of any individuals with parental responsibility. (Parental responsibility can only be removed by Court Order - for more information about parental responsibility please visit www.gov.uk/parental-rights-responsibilities.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Name | Relationship | Home Address | Contact Nos. (please put an asterisk next to the main contact no. for each person) |
|  |  |  |  | Home: |  |
| Work: |  |
| Mobile: |  |
|  |  |  |  | Home: |  |
| Work: |  |
| Mobile: |  |

Before disclosing details below of anyone else you wish to be contacted in an emergency, you must ensure you have obtained consent from the individual(s) concerned.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Name | Relationship | Home Address | Contact Nos. (please put an asterisk next to the main contact no. for each person) |
|  |  |  |  | Home: |  |
| Work: |  |
| Mobile: |  |
|  |  |  |  | Home: |  |
| Work: |  |
| Mobile: |  |

Country of Birth: ………………………………………............ I do not wish a Country of Birth category to be recorded

Nationality: ………………………………………………..…….. Dual Nationality: ………………………………………….

FIRST LANGUAGE: ……………………………………...............

I do not wish a first language category to be recorded

First language (Native Language/Mother Tongue) is the language to which a student was first exposed in their early childhood and which they continue to be exposed to at home or in the community. It is not a question of how well they speak English. A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or community.

**MEDICAL INFORMATION**

**Medical Practice: ………………………………………………….………………... Tel No: …..……………………………….**

**Medical Conditions/Known Allergies: .………………………………………….…………………...…………………………**

(continue on a separate piece of paper if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Paracetamol (tablets/effervescent tablets and liquid) |  | Ibuprofen gel 5% (for mild muscular pain) |  |
| Antiseptic cream (for minor cuts/grazes) |  | Magnesium sulphate paste (for removal of splinters) |  |
| Ibuprofen (tablets and liquid) |  | Hydrocortisone cream 1% (for allergic reactions/insect bites/stings/minor skin conditions) |  |
| Burn soothe gel and pads (for minor burns/scalds) |  | Antacid liquid/tablets (for minor indigestion/heartburn) |  |
| Anti-histamine tablets (for allergic reactions including hayfever/stings/bites) |  |  |  |

I give consent for my child to be given the medications/first aid treatments selected below when necessary for the relief of minor ailments (please indicate as appropriate):

**Signed: ………………………………………………………………..…… (Parent/Carer) Date: …………………………….**

\*If you do not give permission please do not sign

**FOOD ALLERGIES**

To comply with legislation introduced in 2014, the catering company contracted by the school provides information about allergenic ingredients used

in any food they sell or provide. We are required to share with them information about your child’s food allergies.

 Please indicate below whether your child is allergic to any of the following food groups:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Peanuts |  | Tree Nuts |  | Sesame seeds |  |
| Cereals containing gluten |  | Lupin |  | Sulphur Dioxide (sulphites) |  |
| Fish |  | Crustaceans |  | Molluscs |  |
| Eggs |  | Milk |  | Soya |  |
| Celery |  | Mustard |  |  |  |

I confirm that my son/daughter has an allergy related to the food groups above and that this has been diagnosed by a medical practitioner.

**Signed: ………………………………………………………………..…… (Parent/Carer) Date: …………………………….**

Note - An allergy is a reaction produced by the body's immune system when exposed to a normally harmless substance and is not the same as a sensitivity or intolerance. (For more information please visit food.gov.uk/allergy or food nhs.uk/conditions/allergies.)

**PUBLICITY (photographs and videos)**

Many educational activities involve recording images. These may be undertaken for displays, publicity, to celebrate achievement and to provide records of evidence of the activity and could result in publication on the Great Grounds website and social media accounts or in newspaper articles.

You can withdraw your consent at any time by writing to Great Grounds, although this will not affect the processing of any images for which you have given consent previously.

\*Please sign below if you **DO** give permission for your child’s image to be used by the school for these purposes.

**Signed: ………………………………………………………………..…… (Parent/Carer) Date: …………………………….**

**\*If you do not give permission please do not sign**

Note - Parents/carers and relatives of students should note that any photographs or video film they take at Great Grounds are likely to contain images of other children who will not have given permission to be filmed or photographed. Such images should not be circulated more widely than the family, i.e. they should be for the family’s use only. Any photograph or video film taken by parents/carers or relatives must be solely for the individual family’s use and must not be distributed more widely or posted on social media accounts.

**MARKETING**

From time to time Great Grounds may wish to contact you via email (using the address you have provided overleaf) for marketing purposes. Your information will not be shared with third parties and you can withdraw your consent at any time by writing to Great Grounds, which will be actioned as soon as possible.

Marketing information may consist of, but is not limited to, invitations to Great Grounds open days, careers fairs and discounts for passing our information on to friends and family (discount only available if the child/parents book for a week or more stating your name).

**Signed: ………………………………………………………………..…… (Parent/Carer) Date: …………………………….**

**\*If you do not give permission please do not sign**

**All your information will be kept locked away and all staff will be made aware of important information regarding your child. If you have any questions regarding this form please contact us on any of the methods below.**

**Email –** **j.smith@greatgrounds.co.uk**

**Web - www.GreatGrounds.co.uk**

**Post - Great Grounds Education Centre**

**Oak Tree Farm**

**Tickhill Lane**

**Dilhorne**

**Staffordshire Moorlands**

**ST10 2PL**

**Tel – land: +44(0) 1782 48-00-48**

**Mob: +44(0) 7872 887 187**

For Great Grounds to help your child to get the most out of our educational activities we require some information from your child’s class teacher.

**Information from school**

 During the holidays the child stated will be attending Great Grounds Woodland Whiz Kids, where all our activities are cross curricula. To support the child in their school work we would like to gather some information on the child’s abilities and areas that need we can support them and tailor it to individuals. we request some brief information from you in the table below. Please provide us with as much detail as possible to benefit the child and Great Grounds thanks you for tacking the time to fill it out.

|  |  |
| --- | --- |
| School name |  |
| Contact  |  |
| Areas of the curriculum the child is good at? |  |
| Aras of the curriculum that need some support? |  |
| How does the child learn, I.e. Auditory or language, visual, kinaesthetic?  |  |
| Recommendations for supporting the child.  |  |

**Child information**

We at Great Grounds like to involve the children every step of the way. This gives them a sense of belonging and ownership that helps them engage fully in what they are undertaking. To achieve this, we need them to fill out the table below so we can tailor their holiday club to them as individuals.



What would you like to achieve as a Woodland Whiz Kid?





What’s your favourite thing to do outside?



Is there anything you would like us to do in the holiday club?

What area of your learning would you like us to support you in?