

**FEBRUARY HALF TERM
 TIME – 9.30AM – 4.00PM**

	VENUE	LOCATION	DATES
1	North Herts. College	Stevenage	Wed 15 th – Fri 17 th February
2	Oaklands College	St Albans (Smallford)	Mon 13 th – Wed 15 th February
3	West Herts. College	Watford	Tues 14 th – Thurs 16 th February

January 2012

Dear Parent/Carer

HCS Careers Ltd is delighted that your son/daughter is interested in taking part in the 'Schools out for Business' Business & Enterprise Academy.

Please find attached;

- A full '**Application**' pack to include a '**Code of Behaviour**' form that your son/daughter must read and sign up to

Please complete and return the forms to us along with a cheque made payable to HCS Careers Ltd for the sum of **£75.00** by **Tuesday 31st January 2012** to secure your place.

Once we have received your completed application form and we have all the relevant information we will confirm your place and send you further information about the event.

Please note: Applications are allocated on a 'first come, first served' basis. Late applications may result in disappointment so don't delay.

If you have any questions or you need any help with how to complete any of the sections, please do not hesitate to call **Maria Cristina Geraci** on **07990 564505**.

We look forward to receiving your details.

Yours Sincerely



Jacquie Bamber
 Work Related Learning and Enterprise Manager
 Young People's Development Team

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APPLICATION PACK

NAME	SCHOOL
SCHOOL YEAR GROUP	STUDENT MOBILE NUMBER

You should check with your parent/carer that:

- You will not be on holiday or otherwise unavailable during the Academy
- You will be able to get to and from the venue of your choice each day of the Academy
- You do not have any other commitments during this Academy

Please be aware that your application cannot be processed without the relevant parental or legal guardian signature and consents included in this application form.

PLEASE ENSURE ALL SECTIONS ARE COMPLETED

Please return completed form to:

Email: maria-cristina.geraci@hcs.co.uk

Fax: 01462 704987

Address:

Maria Cristina Geraci
 HCS Careers Ltd
 First Floor Exeter House
 1 Amor Way
 Dunhams Lane
 Letchworth
 Hertfordshire
 SG6 1UG

Please return by Tuesday 31st January 2012



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**PLEASE COMPLETE ALL SECTIONS OF THE FORM IN BLOCK CAPITALS
 INFORMATION ABOUT YOURSELF (STUDENT)**

Please note this information is for equal opportunities purposes only and will not be used for selection.

NAME	MALE	FEMALE	
HOME ADDRESS			
HOME TELEPHONE			
EMAIL			
WHICH VENUE WILL YOU BE ATTENDING?			
DO YOU CONSIDER YOU HAVE A DISABILITY, SPECIAL LEARNING NEED OR MEDICAL CONDITION?		YES	NO
IF YES PLEASE GIVE DETAILS BELOW AND HIGHLIGHT WHAT SUPPORT YOU WILL NEED.			
SCHOOL YEAR GROUP	Yr 6	Yr 7	Yr 8
ETHNICITY			
White British			
White Irish		Other Asian	
Other White		Black Caribbean	
Mixed		Black African	
Indian		Other Black	
Pakistani		Chinese	
Bangladeshi		Other ethnicity	

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PARENTAL CONSENT

(This section MUST be completed by your Parent/Carer)

Please read the information below:

The 'Skoolz out for Business' team are responsible for the welfare of your son/daughter while he/she is attending the Academy. As parent/carer, you are responsible for the welfare of your son/daughter up to the handover point at the beginning of the course, and again from the handover point at completion of the course.

NOTE: We expect parents/carers to physically sign their young people in to and out of every Academy course day at a dedicated registration point.

DECLARATION TO BE SIGNED BY A PARENT/CARER

I have completed the form with the information to the best of my knowledge.
 I have read the information above, and understand that I will be responsible for my son/daughter up to the handover point at the beginning of the course, and again from the handover point at the completion of the course.

I am the applicant's legal guardian Yes No

I confirm that I give my permission for my son/daughter to attend the Academy.

NAME	RELATIONSHIP TO THE STUDENT
SIGNATURE	DATE

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NEXT OF KIN – CONTACT DETAILS

NAME		RELATIONSHIP TO STUDENT	
ADDRESS			
HOME TELEPHONE NUMBER		DAYTIME TELEPHONE	
MOBILE PHONE		EMAIL	
ALTERNATIVE CONTACT DETAILS FOR ANOTHER RESPONSIBLE ADULT IF PARENT IS NOT AVAILABLE- PLEASE PROVIDE TWO ALTERNATIVE CONTACTS			
1. NAME			
RELATIONSHIP TO THE STUDENT			
DAYTIME TELEPHONE		MOBILE PHONE	
2. NAME			
RELATIONSHIP TO THE STUDENT			
DAYTIME TELEPHONE		MOBILE PHONE	

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MEDICAL INFORMATION & SPECIAL REQUIREMENTS

NAME OF FAMILY DOCTOR
ADDRESS OF SURGERY
TELEPHONE
EMERGENCY PHONE
<p>MEDICAL CONDITIONS – PLEASE PROVIDE DETAILS OF ANY PRE EXISTING MEDICAL CONDITIONS AND INSTRUCTIONS OF THE ADMINISTRATION OF ANY MEDICATIONS NEEDED BY YOUR CHILD.</p> <p>(Note: Academy staff will not administer any medication to young people accept in extreme emergency situations. Example: Administering an ‘Epi Pen’)</p>
<p>PLEASE PROVIDE INFORMATION ABOUT ANY OTHER SPECIAL SUPPORT YOUR CHILD MAY NEED OR INFORMATION YOU FEEL THE ACADEMY STAFF SHOULD BE MADE AWARE OF. (EG DIETS, FAITH REQUIREMENTS, ACCESS, ALLERGIES ETC.)</p>

All the information given above will be treated in the strictest confidence and will be used only in maintaining the well being of your Young Person during the Academy programme.

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CONSENT FOR PHOTOGRAPHY AND FILMING

During the Academy photographs and video/film footage may be taken of your Young Person. These materials may be used in the future to promote the Academies and other HCS Careers Ltd activities.

Please complete and sign the following consent form which gives permission for such materials to be produced and used by HCS Careers Ltd.

Photographic images from which individuals can be identified constitute personal data about those individuals as defined by the DPA 1998. The consent of each child’s parent or guardian is therefore required for the collection and processing of these images in the ways described above.

I hereby consent to any recording of my son/daughter on videotape, film, audio tape, digital medium or otherwise. I authorise the use of such recordings for any proper and legitimate educational or commercial purposes.

I further agree that you may use my child’s name, likeness and biography for the purpose of promoting the programme. I warrant and represent that all material provided by me is my own for which I have full authority.

PARENTAL CONSENT FOR PHOTOGRAPHY & FILMING

SIGNATURE

DATE

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HCS CAREERS LTD STATEMENT IN RESPECT OF COMPLIANCE WITH DATA PROTECTION ACT 1998

HCS Careers Ltd maintains student records in both manual and computerised forms which include records for those attending Academies.

These details may be recorded within HCS's Student Records computer system. HCS Careers Ltd and its subsidiary companies have made Notifications to the Information Commissioner under the 1998 Act. HCS's compliance with the 1998 Act is monitored by the Head of Finance , Heather White , who can be contacted for more information on **01462 705000**

In completing the declaration above, parents or carers are deemed to consent to the collection, recording and use of the information about their sons, daughters or wards in the ways described above, and set out in more detail within the Data Protection Act registration.

Those wishing **NOT** to be contacted for marketing purposes should tick the box provided.

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CODE OF CONDUCT

IMPORTANT: You cannot attend the Academy unless you sign and return this declaration to us.

Please read this form and sign the attached declaration. This must be completed by the Young Person attending the Academy. Failure to complete and return with your application may compromise your place on the programme. Please retain this page for reference.

WHAT WE EXPECT FROM YOU

The 'Skoolz out for Business' team expects that you will behave in a safe manner, showing respect for your fellow students and the tutors and taking responsibility for your own actions. As far as we can, we want you to have fun but this will only work if you co-operate with the tutors to ensure that we all enjoy the experience of working together. **Bad language, lack of tolerance for others, disrespect for your surroundings and being unkind to others** are not helpful and we hope that you can respect that ethos.

RULES AND REGULATIONS

For Health and Safety reasons, and to ensure that all Young People have the opportunity to benefit and enjoy the Academy, the following regulations will be in operation:

- Alcohol must not be brought to the Academy or consumed at any time
- The purchase or use of any illegal substances is strictly forbidden
- All venues operate a no smoking policy; therefore smoking is not permitted anywhere
- Students are expected to attend all timetabled activities (unless there is a valid reason for absence, such as illness) and to respect those running the various programmes
- Students are not allowed to leave the Academy site without permission from Academy delivery staff of which will only be granted in connection with written approval from your parent/carer
- Students are expected to follow any emergency procedure, such as a fire drill, as directed by Academy delivery staff
- Students take full responsibility for their possessions and it is recommended that valuable items stay at home
- Students must follow the instructions given by the 'Skoolz out for Business' team at all times

SERIOUS INCIDENTS OF MISBEHAVIOUR

In the event of serious incidents of misbehaviour, such as fighting, racial abuse, homophobia or the use of illegal substances, the student(s) concerned will not be permitted to continue on the Summer School course. Parents/carers will be contacted, and arrangements made for the student(s) to be taken home.

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CODE OF BEHAVIOUR DECLARATION

DECLARATION TO BE SIGNED BY THE STUDENT:

I have read the information in this Code of Conduct and agree to adhere to the rules and regulations listed.

I also agree to adhere to any additional rules and regulations explained to me during the Academy.

I understand that I will not be permitted to continue on the Academy in the event of serious misbehaviour on my part.

YOUR NAME (IN CAPITALS) _____

YOUR SIGNATURE: _____

DATE: _____

Please return completed form to:

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