

**DATA COLLECTION FORM**



**THE  
HESSLE  
ACADEMY**

LEARNER INFORMATION				
<b>Surname:</b>		<b>Legal Surname:</b>		
<b>Forename:</b>		<b>Preferred Forename:</b>		
<b>Date of Birth:</b>		<b>Gender:</b>		<b>Year Group:</b>
<b>Home Address:</b>				
<b>Name of Sibling(s) attending the Academy (if any):</b>				

First Language	Ethnicity* please tick one option from the table below <i>Parents/carers have the right to decline to answer</i>									
	Asian		Black		Mixed		White		Other	
Bangladeshi	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Mixed White/Asian	<input type="checkbox"/>	White British	<input type="checkbox"/>	Arab	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Mixed White/Black African	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	
Indian	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Mixed White/Black Caribbean	<input type="checkbox"/>	White Gypsy or Irish Traveller	<input type="checkbox"/>		<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>		<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>	White Other	<input type="checkbox"/>		<input type="checkbox"/>	
Asian Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Doctors Name:	Doctors Address:	Doctors Telephone Number:
Does your child have hearing difficulties? If so, please provide details below.		
Does your child have sight difficulties? If so, please provide details below.		
Does your child have any allergies? If so, please provide details below.		
Does your child have any dietary needs? If so, please provide details below.		



Do you give consent for us to administer emergency first aid when necessary?	YES / NO
Does your child have any of the following conditions?	ASTHMA / ALLERGIES / DIABETES / EPILEPSY
If your child has Asthma, do you consent to the school's emergency Salbutamol Inhaler being used?	YES / NO
If so, please provide full details below – <i>please describe the medical condition, symptoms, care requirements, medicines and emergency treatment, if needed</i>	
Please provide any other information relevant to the condition.	
Does your child have any other medical conditions and/or disability? If so, please provide full details below. <i>Please describe the medical condition, symptoms, care requirements, medicines and emergency treatment, if needed</i>	
Does your child provide care for anyone (inside or outside of the family home) with any medical condition and/or disability? If so, please provide details below.	
To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be (or become) contagious or infectious? If so, please provide details below.	
Does your child have up to date protection against tetanus (injection given in the last ten years)? If so, please provide details below.	

Are there are any Court Orders affecting your child? Please answer the following questions as they give the school access to additional funding. <b>All information will be treated in the strictest confidence.</b>	
Has your child ever been in the care of the Local Authority?	YES / NO
If yes to the above question, is your child subject to an Adoption, Special Guardianship Order or Child Arrangement Order? <b>If so, please provide a copy of the Court Order</b>	YES / NO
Please indicate if you qualify for Free School Meals (FSM)	YES / NO
Please indicate if your child has had FSM entitlement within the last six years	YES / NO
Please indicate whether either of your child's parents are in the Armed Forces ( <i>excluding Civilian or Support Roles</i> )	YES / NO
How will your child travel to school?	WALK / CYCLE / BUS / CAR / OTHER

**CONTACT INFORMATION**

NAME OF STUDENT: \_\_\_\_\_

Please indicate a contact priority order should we need to make contact during the school day.

Please note: electronic mail messages are sent to priority number 1 contacts only.

More than one person can be a priority number 1 contact.

***The School's preferred communication method is electronic (email/text).***

Priority	Name and Relationship	Home Address and Telephone Number	Do you have Parental Responsibility?	School information/ correspondence required?*
		Home Address:  Telephone Numbers – home and mobile  Email:	YES / NO	YES / NO
		Home Address:  Telephone Numbers – home and mobile  Email:	YES / NO	YES / NO
		Home Address:  Telephone Numbers – home and mobile  Email:	YES / NO	YES / NO

*\*Correspondence means reports, trip letters, newsletters, etc.*

Are there any specific family circumstances you wish to make us aware of? *If so, please provide details below.*

<b>PART A – HESSLE HIGH SCHOOL STUDENTS ONLY</b>	
<b>Youth Services Agreement</b>	
The Academy, part of The Consortium Academy Trust, is required by law to pass some information about you (for example: both the child’s and parent’s name(s) and address) to the Local Authority and the Department of Education (DfE).	
<b>Declaration</b>	
By ticking the relevant box and providing my signature below, I will be providing The Consortium Academy Trust with my consent for the sharing of this information to the Local Authority and the DfE.	
<input type="checkbox"/>	I consent to the sharing of information to the Local Authority and the DfE
<input type="checkbox"/>	I do not consent to the sharing of information to the Local Authority and the DfE

<b>Careers Education Information Advice and Guidance (CEIAG)</b>	
Your child will be involved in a number of seminars and activities aimed at achieving their potential through raising aspirations and increasing participation in further/higher education. Organisations involved in funding this are Hull University, Access to Higher Education, Steps to Success, NCS (National Citizen Service), HOP (Humber Outreach Programme), LogonMoveon, GCSEPod and PUSH. These form part of the National Collaborative Outreach Programmes (NCOP). Information required is child’s full name, date of birth, gender, ethnicity, postcode and school. See our website for further details.	
<b>Declaration</b>	
By ticking the relevant box and providing my signature below, I will be providing the Consortium Academy Trust with my consent for the sharing of the above information to the National Collaborative Outreach Programme (NCOP).	
<input type="checkbox"/>	I consent to the sharing of the above information to NCOP
<input type="checkbox"/>	I do not consent to the sharing of the above information to NCOP

<b>Biometric finger image</b>	
I understand that explicit consent is required for the Academy to take a scan of my child’s biometric finger image for identification at the canteen till.	
<input type="checkbox"/>	I consent to a scan of their finger image in order that they can be identified at the canteen till
<input type="checkbox"/>	I do not consent to a scan of their finger image in order that they can be identified at the canteen till

<b>PART B – ALL LEARNERS</b>	
<b>Publicity – Video &amp; Photography</b>	
I understand that the Academy, part of The Consortium Academy Trust, may wish to use photography and video footage featuring my above named child’s image for internal and external purposes such as publicity.	
<b>Declaration</b>	
By ticking the relevant box(es) and providing my signature below, I will be providing The Consortium Academy Trust with my consent for using my above child’s personal information for the relevant purpose(s) set out below	
<input type="checkbox"/>	For display on internal publications e.g. display boards and screens
<input type="checkbox"/>	For publication on the Trust’s official school website and social media pages, such as Twitter
<input type="checkbox"/>	I do not wish to consent to any of the above
Name of Parent/Carer	
Signature of Parent/Carer	
Date Signed:	