



Outwood Academy Hasland Hall
Broomfield Avenue, Hasland, Chesterfield, Derbyshire S41 0LP
Tel: +44(0)1246 273985
Web: www.haslandhall.outwood.com
Email: enquiries@haslandhall.outwood.com
Principal: Mr Ian Cooper

November 2023

Dear Parent/Carer,

Y10 Careers Day – Sheffield Hallam University visit

As part of our Careers offer and to try to help our students in choosing their Post 16 studies and careers, we are organising a **visit and activities day at Sheffield Hallam University on the 23rd of November**. We would like to invite your child to take this opportunity to find out more about courses and university life first-hand.

Pupils will be expected to arrive at school at 8.05am for an 8.15am departure to enable Hasland Hall staff to take a register and ensure that we leave promptly in order for the pupils to be able to enjoy and make the most of the University visit. Pupils are not required to wear their school uniform and are welcome to wear sensible clothing. The day will start at 10am, when we will be welcomed onto the campus, and we will have a welcome talk with the university outreach team. This will be followed by the first taster session of the day. Learners will break for lunch at 12pm, where they can head to one of the onsite cafes. We would advise our pupils to take a packed lunch and some spending money to enable them to buy a drink or a snack if they wish to do so.

The second session will commence at 12:45pm in a different curriculum area, allowing learners to fully explore several options. Pupils will also have the opportunity to have a guided visit around campus in order to enable them to gain a better understanding of university life and facilities. The day will draw to a close at 2.30pm. We will then travel back to school. Traffic permitting, we should be back between 3.30 and 4.30pm.

As we are travelling by coach, there will be a £12 charge to pay per pupil. Parent pay is going to be set up in order to facilitate payment. If you are unable to use the portal, please ensure that the money is put in an envelope stating your child name and surname and University visit 23rd November and handed to reception to the attention of Mrs Turrini. We would like you to complete the attached forms and return them to school by Friday 17th November 2023 to enable us to liaise with the university in order to organise the best possible day for our students.

Outwood Grange Academies Trust, a company limited by guarantee registered in England and Wales with company number 06995649.

Registered office address: Potovens Lane, Outwood, Wakefield, West Yorkshire WF1 2PF.

VAT number: 158 2720 04. Outwood Grange Academies Trust is an exempt charity.

A list of Directors' names is open to inspection at our registered office.



Outwood Academy Hasland Hall
Broomfield Avenue, Hasland, Chesterfield, Derbyshire S41 0LP
Tel: +44(0)1246 273985

Web: www.haslandhall.outwood.com
Email: enquiries@haslandhall.outwood.com

Principal: Mr Ian Cooper

As we have 45 places available to our students, they will be allocated on a first come, first served basis.
If there is any reason why your son/daughter is unable to take part in this field study, or you need any additional information please do not hesitate to contact us at school.

Yours sincerely,

Chris Pooley
Assistant Principal

Cristina Turrini
Community Engagement and Careers lead

Outwood Grange Academies Trust, a company limited by guarantee registered in England and Wales with company number 06995649.

Registered office address: Potovens Lane, Outwood, Wakefield, West Yorkshire WF1 2PF.

VAT number: 158 2720 04. Outwood Grange Academies Trust is an exempt charity.

A list of Directors' names is open to inspection at our registered office.

Photo/Video Consent Form (under 16)

Event date: 23/11/2023
Event title: Y10 Careers Day – Sheffield Hallam University visit
Event lead: Mrs C. Turrini
Event partners: Sheffield Hallam University

How will we use your data?

During our event, we would like to document your child's time with us for the promotion of future activities by taking photos or videos. With your permission, these may be used by the Sheffield Hallam University and our event partners listed above, for our internal and external marketing material, including: printed materials (e.g. brochure/prospectus/posters etc), websites, social media accounts, email communications or news publications.

- We may use your child's photo/video for new publications for up to 3 years from the date you give us permission. However as some of our publications are published in advance, these may still be in circulation after this time
- Your child's photos/videos and this form will be stored internally for three years, after this they will be archived and then only be used for historical and research purposes
- Photos/videos and information are stored securely and in line with data protection law

Permissions

I allow the photo/video taken at this event of my child (named below) to be used as stated on this form

Child's Full Name

I also allow the following information to be used alongside my child's photo/video:

Please tick:	Name	<input type="checkbox"/>	Age	<input type="checkbox"/>
	Feedback	<input type="checkbox"/>	School	<input type="checkbox"/>

Parent Signature

Date / /

(Print Name)

Your rights

You can withdraw your consent for the use of your child's data at any time by emailing wpoteam@shu.ac.uk, in which case it would not be used in future publications but may continue to appear in those already in circulation. Please get in touch if at any point you have questions about how the information you share with us will be stored and used.

For more information about Sheffield Hallam's data protection policy and your rights, please see our website: <https://www.shu.ac.uk/about-this-website/privacy-policy>

Outwood Hasland Taster Day at Sheffield Hallam University

23.11.23

Time	Session	
9:45-10:00	Arrival and Welcome (SRET/Ambassadors) <i>City Campus, Owen Main Reception</i>	
10:00-10:30	Why HE? (SRET/Ambassadors) <i>Charles Street 12.4.12</i>	
10:30-11:15	Marketing Taster (Liz Dempsey) <i>Stoddart 7410</i>	Enterprise Taster (Asif Majid) <i>Charles Street 12.5.07</i>
11:15-12:00	Enterprise Taster (Asif Majid) <i>Charles Street 12.5.07</i>	Marketing Taster (Liz Dempsey) <i>Stoddart 7410</i>
12:00-12:45	Lunch <i>(Please can students bring their own lunches, or we can direct to university cafes or local shops)</i>	
12:45-13:30	Languages Taster (Simon Nicholls) <i>Charles Street 12.5.12</i>	Campus Tour (SRET/Ambassadors) <i>City Campus</i>
13:30-14:15	Campus Tour (SRET/Ambassadors) <i>City Campus</i>	Languages Taster (Simon Nicholls) <i>Charles Street 12.5.12</i>
14:15- 14:30	Data and Evaluations (SRET/Student Ambassadors) <i>Charles Street 12.5.12/open space</i>	
14:30	Depart	

PARENTAL CONSENT FOR A VISIT

Including consent for swimming activities or activities where being able to swim is essential

(To be distributed with an information sheet giving full details of the visit)

Student name: Form: Date of Birth:

1. Details of visit to: _____

From: _____ Date/Time: _____ To: _____ Date/Time: _____

I agree to (name) taking part in this visit and have read the information sheet. I agree to’s participation in the activities described, including swimming. I acknowledge the need for them to behave responsibly.

2. PRIMARY CONTACT INFORMATION

Name:

Address: Home Telephone N°:

..... Work Telephone N°:

..... Mobile N°:

Other Emergency Contact

Name: Telephone N°:

Address:

.....

3. FOR RESIDENTIAL VISITS AND EXCHANGES ONLY

- To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES NO

If YES, please give brief details: _____

- Is your son/daughter allergic to any medication? YES NO

If YES, please give brief details: _____

- Can your child swim? YES NO How far? _____

- Is your child water confident in a pool? YES NO

- Is your child safety conscious in the water? YES NO

I confirm that my child is in good health and I consider him/her fit to participate. Please sign here: _____

- When did your son/daughter last have a tetanus injection? _____

MEDICAL INFORMATION – Part One

- Any conditions requiring medical treatment, including medication? Yes No

Please give brief details of the condition: _____

- Please outline any special dietary requirements of your child: _____

MEDICAL INFORMATION – Part Two

THIS PART TO BE COMPLETED BY PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS BE ADMINISTERED UNDER SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF ADMINISTER.

Name of child: Date of Birth:

Address:

..... Postcode:

School:

Doctor's name and Surgery address:

..... Telephone No:

Non-prescribed medicines - My child requires the following non-prescribed medicines: -

.....
.....
.....

Prescribed medicines - The Doctor has prescribed the following for my child:-

	Name of drug or medicine to be given and any special storage instructions	When? E.g. lunchtime, after food, when wheezy, before exercise	How much? E.g. half a teaspoon, 1 tablet, 2 drops	Route? E.g. by mouth, in ear
1				
2				
3				
4				

Child's name: **can/cannot*** administer their own medication; **does/does not*** require **supervision/assistance*** in administering their own medicine. (** delete where applicable*)

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

DECLARATION

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed: (Parent/Carer) Date:

Full name (capitals):

This form or a copy must be taken by the Group Leader on the visit and a copy should be retained by the school contact.