

# Parental Consent Form

## The Aspiring Professional Programme (APP)

**I understand that the APP is a free Programme and that my child will be:**

- Matched with a Mentor in their field of interest, with whom they will communicate online via a secure website and meet in person within a supervised environment
- Regularly invited to attend careers- and university-related events
- Considered for an internship placement in Summer 2010
- Supported at university with similar activities

**I fully consent to the following important information:**

- 1) I understand that my child's continued participation in the Programme is dependent on his/her:
  - Participation in all aspects of the APP Programme
  - Committed and positive approach to Mentors, SMF Staff and Internship opportunities
  - Polite and respectful behaviour in all dealings with Social Mobility Foundation (SMF) staff, his/her mentor and any other external professionals
- 2) The SMF takes no responsibility for contact between my child and i) Organisations in which he/she may be placed; ii) His/her Mentor(s); iii) Prospective supporters (e.g. charitable trusts); iv) Current funders of the SMF, which is not formally part of the APP Programme. Such informal contact includes meetings, further paid/unpaid work placements and the exchange of personal details. It is the responsibility of your child to disclose any such contact to you.
- 3) If I have any questions about the Programme, I should email [info@socialmobility.org.uk](mailto:info@socialmobility.org.uk) or call 0207 953 4007. More information about the Programme can be found at [www.socialmobility.org.uk](http://www.socialmobility.org.uk) in the 'Parents' section.
- 4) My child's data and any information that my child has provided to the SMF will be processed in accordance with the Social Mobility Foundation's Privacy Policy, which can read at: [www.socialmobility.org.uk](http://www.socialmobility.org.uk)
- 5) I am happy with the information that my child has already provided the SMF in their application with regard to his/her:
  - i. Medical conditions/allergies, of which the SMF should be aware in order to ensure necessary provisions (this includes any medication and information needed for a medical emergency)
  - ii. Disability
  - iii. Emergency contact details
  - iv. Consent/refusal for photographs in which he/she features, to be used in SMF media and publicity
- 6) I agree to my child receiving medication in addition to any emergency dental/medical/surgical treatment as considered necessary by the medical authorities present.
- 7) I understand that the SMF takes no responsibility for my child's travel to/from any event/placement that is part of, or related to, the APP Programme. I understand that the SMF takes no responsibility for any loss or damage of my child's possessions over the course of this Programme.
- 8) I understand the reimbursement of my child's travel expenses is wholly up to the discretion of the SMF.
- 9) My son/daughter has the following dietary requirements: \_\_\_\_\_

**I am making a decision about allowing my child to participate in the APP Programme, subject to him/her being accepted on it. My signature below indicates that I have read the information above and have decided to allow him/her to participate in the Programme. If I wish to withdraw permission for my child to participate, I must inform the SMF in writing.**

\_\_\_\_\_  
Printed name of Child

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian