****

**ADULT STUDENT CONSENT AND MEDICAL FORM**

**Privacy Notice – how we use your personal information**

The College processes personal information in accordance with the General Data Protection Regulation (GDPR). The personal data collected on this form will be held securely and will only be used for administrative purposes, to ensure relevant people are aware of medical conditions which might affect you or your wellbeing, and to ensure we can support you. For more details about the College’s privacy policy, please visit [www.btc.ac.uk/privacy-policy](http://www.btc.ac.uk/privacy-policy)

Your name (please **PRINT**):

Course:

**PARTICIPATION IN ACTIVITIES**

Studying at Bridgwater & Taunton College involves a variety of different activities for which the College needs your permission. You will:

* Take part in educational trips that are assessed as low risk within the College day/term time. We will contact you separately for your permission if an activity is classed as high risk.
* Participate in practical activities including workshops and physical activities and use of outdoor facilities
* Undertake work placements and voluntary work.
* Take part in social activities run by the College including parties and charity events.

**Consent**

 I consent to participating in the activities mentioned above.

**MEDICAL INFORMATION**

The College will share medical information you provide with chosen staff including First Aiders and, if the need arises, the Emergency Services.

Do you have a medical or mental health condition, or are you taking any medication that you think you should make the College aware of? [ ]  Yes [ ]  No

If yes, please detail in the space below (It is important that you write clearly and spell any medication correctly):

**COVID-19**: have you, or anyone in your household, tested positive for COVID-19 in the last 14 days, or are currently showing symptoms of COVID-19? [ ]  Yes [ ]  No

If you would rather discuss any medical issues privately with our **Health Advisor**, please make an appointment on 01278 455464 ext. 1266 or email thehealthservice@btc.ac.uk

**Emergency contact:**

|  |  |  |
| --- | --- | --- |
| Name | Telephone number | Relationship to student |
|  |  |  |
|  |  |  |
|  |  |  |

**In the event that you need a trip to hospital, or are showing symptoms of COVID-19 whilst at College or engaged in College activity, you agree to make arrangements with friends or family to be accompanied off site or met at hospital.**

**FILMING AND PHOTOGRAPHY**

Bridgwater & Taunton College may wish to take **photographs** and/or **film** of you taking part in **activities** in College. These images may appear in printed materials, press releases, social media, placed on our website or other websites (operated by other agencies such as local and national press or specialist media publishers advertising college courses), used in promotional files, DVDs or on/in other media.

You have the right to ask the College to stop using your image at any time, in which case they will not be used in future publications but may continue to appear in publications already in circulation.

**Consent**

I consent to having my photo taken or being filmed.

**CONTACTING YOU**

Our usual way of contacting you is by email. I consent to this and can confirm my email address is:

Student email:

**I declare all information given is correct, and if any of the information changes I will inform the College.**

Signed: Date:

PRINT NAME: