



**Midhurst Rother College**

The best in everyone™

Part of United Learning

19 September 2018

Dear Parent/Carer

**The Brighton Photo Biennial trip – 18 October 2018**

I am writing to let you know about a trip, on Thursday 18 October, for A Level Photography students from both Year 12 and Year 13 to The Brighton Photo Biennial 2018. The Brighton Photo Biennial is a showcase of photography exhibitions which is held in Brighton every two years. This years theme is 'A New Europe' and inevitably focuses on the current climate across the continent in the face of Brexit.

We will be transporting the students to Brighton using a College minibus and will be leaving College at 8.30am on the day of the trip and will return for approximately 4:00pm. Please note this could be outside of College hours and students may need to organise their own transport home as buses will have left. The cost of the trip is £2 and covers our transport and parking of the minibus in Brighton. Students will have to bring a packed lunch or money to purchase food around Brighton.

As well as gathering primary research towards their projects, it is a fantastic opportunity to photograph a city rich in culture and atmosphere.

Unfortunately places are limited to 15 students due to the capacity of the minibus and so will be given on a first-come-first-served basis. Please complete the reply slip attached and return as soon as possible.

Please pay for the trip via the online payment system using the following link: <https://www.scopay.com/midhurst?redirect=true>. If you require support with the online process, please contact our finance department at [Louise.Stone@mrc-academy.org](mailto:Louise.Stone@mrc-academy.org) or [Katherine.Chard@mrc-academy.org](mailto:Katherine.Chard@mrc-academy.org). If you do not have access to the internet then payment can be made to the student reception.

If you have any questions then please do not hesitate to contact me here at College

Yours sincerely

Mr Andrew Hayward  
Teacher of Photography



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**Reply slip**

Trip title: **The Brighton Photo Biennial trip** Trip Leader: Mr Hayward

Date of trip/residential: **Thursday October 2018**

Name of Student: ..... Tutor Group: .....

I have made a payment through the cashless system  Please tick

Name of parent/carer: ..... Contact Tel: .....

Signed: ..... Date: .....

Please return this slip to Mrs Fowler at Student Reception ASAP along with the parental consent form.  
Thank you.

If the trip is oversubscribed you will be contacted by the trip leader to confirm whether your child has secured a place.



**PARENT'S CONSENT  
AND MEDICAL FORM  
SHORT TRIPS**

|                                |                                                  |
|--------------------------------|--------------------------------------------------|
| <b>Trip to:</b>                | <b>The Brighton Photo Biennial</b>               |
| <b>From (date/time):</b>       | <b>Thursday 18 October 2018 8.30am</b>           |
| <b>Until (date/time):</b>      | <b>Thursday 18 October 2018 aprox. 4.00pm</b>    |
| <b>Cost</b>                    | <b>£2</b>                                        |
| <b>Party leader/department</b> | <b>Mr Andrew Hayward, Teacher of Photography</b> |

| CONTACT INFORMATION                   |  | DOCTOR'S DETAILS          |  |
|---------------------------------------|--|---------------------------|--|
| Student name                          |  | Name of doctor            |  |
| Date of birth                         |  | Doctor's address          |  |
| Student mobile no                     |  |                           |  |
| Full home address                     |  | Doctor's telephone number |  |
| Emergency contact numbers during trip |  |                           |  |

| MEDICAL INFORMATION/CONSENT– please answer the questions and sign below:                             |     |                                                                                                   |
|------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------|
| Has your son/daughter had any of the following:                                                      | Y/N | If the answer to any of these questions is yes please give details(or attach on a separate sheet) |
| Asthma or bronchitis?                                                                                | Y/N |                                                                                                   |
| Heart Condition?                                                                                     | Y/N |                                                                                                   |
| Fits/fainting/blackouts?                                                                             | Y/N |                                                                                                   |
| Severe headaches?                                                                                    | Y/N |                                                                                                   |
| Diabetes?                                                                                            | Y/N |                                                                                                   |
| Allergies to any medications?                                                                        | Y/N |                                                                                                   |
| Any other allergies?                                                                                 | Y/N |                                                                                                   |
| Recent contact with contagious diseases/infections?                                                  | Y/N |                                                                                                   |
| Other illness or disability including any current medical treatment?                                 | Y/N |                                                                                                   |
| Specific medical advice to follow in emergencies?                                                    | Y/N |                                                                                                   |
| Special dietary requirements?                                                                        | Y/N |                                                                                                   |
| Prone to travel sickness?                                                                            | Y/N |                                                                                                   |
| Has your child been vaccinated against tetanus in the last 10 years?                                 | Y/N |                                                                                                   |
| Is your child currently having any medical treatment/taking medication (please provide full details) | Y/N |                                                                                                   |
| I consent to any emergency medical treatment necessary during the course of the visit                |     | SIGNED: <span style="float: right;">Parent/Carer</span>                                           |



**PARENT'S CONSENT  
AND MEDICAL FORM  
SHORT TRIPS**

**PARENTAL AGREEMENT – please read and sign below**

**Transport**

I consent to the pupil travelling by any form of public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorized by law and duly insured to drive.

**Accident/illness**

I consent to the pupil receiving medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

**Remotely supervised time (senior College only)**

I consent to the pupil having remotely supervised time in the daytime in a group of pupils with the prior permission of the party leader

**Personal effects of the pupil**

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the College responsible for losses unless caused by the negligence of the College.

**Insurance**

I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance.

**Signature of parents/guardians**

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above and overleaf. I have read and understood and I consent to the matters set out above and overleaf.

I agree to inform the College as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey.

**SIGNED:**

**(Parent/Carer)**

**Student agreement**

I the above named student agree to observe the code of conduct for visits. I will do my best to ensure the safety of myself and other members of any party. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the college.

**SIGNED:**

**(Student)**

Midhurst Rother College will collect and hold information on this form for administrative purposes only. We hold this information for no longer than is necessary, usually the duration of the trip.

We confirm that once the trip has been completed this document will be destroyed securely, unless there was an incident during the trip.

The data controller for personal information held by the Group Academies is United Learning Trust (ULT). ULT is registered with the ICO under registration number Z7415170. The Company secretary, Steve Whiffen, is responsible for ensuring that the Group complies with the Data Protection Law. He can be contacted on [company.secretary@unitedlearning.org.uk](mailto:company.secretary@unitedlearning.org.uk) or 01832 864538.

The College's full privacy notice is accessible via the College's website [www.mrc-academy.org](http://www.mrc-academy.org)