

**Q3 Academy Great Barr  
Data Collection Form**

To be completed in full by an adult with legal responsibility for the child.

**Legal Surname:** \_\_\_\_\_  
**Legal Forename(s):** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Gender:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Previous school/academy:** \_\_\_\_\_  
\_\_\_\_\_

The Academy require details of all persons with parental responsibility, and anyone else who may be contacted in the event of an emergency. Contact will usually be made in the order of priority as completed below. The Priority 1 e-mail address will be used for access to the Insight ParentPortal and for notifications such as student absences and event reminders.

Please ensure a voicemail facility is available on all telephone numbers submitted.

<b>Priority 1</b>	
<b>Full name of contact:</b>	_____
<b>Relationship to student:</b>	_____
<b>Address:</b>	_____
	_____
<b>Home telephone number:</b>	_____
<b>Mobile telephone number:</b>	_____
<b>E-mail address:</b>	_____
<b>Priority 2</b>	
<b>Full name of contact:</b>	_____
<b>Relationship to student:</b>	_____
<b>Address:</b>	_____
	_____
<b>Home telephone number:</b>	_____
<b>Mobile telephone number:</b>	_____
<b>E-mail address:</b>	_____
<b>Priority 3</b>	
<b>Full name of contact:</b>	_____
<b>Relationship to student:</b>	_____
<b>Telephone number:</b>	_____
<b>Priority 4</b>	
<b>Full name of contact:</b>	_____
<b>Relationship to student:</b>	_____
<b>Telephone number:</b>	_____

**Doctor's Name:** \_\_\_\_\_  
**Surgery Address:** \_\_\_\_\_  
**Surgery Telephone Number:** \_\_\_\_\_  
**Medical Card Number:** \_\_\_\_\_

Medical/health conditions that the Academy should be aware of:

\_\_\_\_\_

If your child has a food allergy, please complete a separate 'Declaration of Food Allergy/Intolerance' form.

Details of any Special Educational Needs/EHCP (Educational Health Care Plan):

\_\_\_\_\_

(Please ensure that you speak with our SENCo, Miss Chamberlain.)

**Student's ethnicity (as declared by parent/carer completing the form):**

- White  
 English  
 Irish  
 Traveller of Irish heritage  
 Gypsy/Romany  
 Other: \_\_\_\_\_

- Mixed  
 White and Black Caribbean  
 White and Black African  
 White and Asian  
 Other: \_\_\_\_\_

- Asian or Asian British  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other: \_\_\_\_\_

- Black or Black British  
 Caribbean  
 African  
 Other  
  
 Not listed: \_\_\_\_\_  
 I do not wish ethnicity to be recorded

Home language: \_\_\_\_\_  
Other language(s) spoken at home: \_\_\_\_\_  
Religion: \_\_\_\_\_

**Regular mode of transport to and from the Academy:**

- Car/van  
 Car share  
 Walk  
 Cycle (*it is your responsibility to ensure that your child wears a helmet for protection*)
- Public bus  
 Taxi  
 Other: \_\_\_\_\_

**Meal arrangements:**

- Own packed lunch  
 Purchasing food at the Academy  
 In receipt of 'Free School Meals'

Please list any sibling(s) at Q3 Academy Great Barr:

\_\_\_\_\_

**Student lives with (please tick all that apply):**

- Mother  
 Father  
 Carer
- Stepmother  
 Stepfather  
 Other: \_\_\_\_\_

Please outline or comment on any other information that the Academy would benefit from knowing about your child below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request by the Academy to give Paracetamol**

In the event that we are asked to administer paracetamol to assist with pain relief please provide consent for the Academy to do so. Please note that we will normally administer paracetamol following a head injury or when a student is taking other medication. You are consenting to paracetamol being administered for pain relief as per the recommended dosage for the age of your child, and understand that you must immediately inform the Academy in writing of any period when your child is taking other medication(s) and as such may not take paracetamol. You also accept that this is a service which the Academy is not obliged to undertake and may terminate without notice.

Do you consent to the Academy administering paracetamol as detailed overleaf?

Yes, I consent to my child being given paracetamol as needed.

No, I do not consent to my child being given paracetamol.

### Video and Photographic Consent

Q3 Academies would like to use photographs/video images of your child. These can be used to demonstrate or promote activities relating to the Academy's curriculum and extracurricular provision. This includes the Academy's website, social media pages, magazines, and associated print and television appearances. Please detail consent provided below, we will assume no consent given where a box remains unticked.

Internal use	Photo/image in internal magazines or brochures	Photo/image on internal display boards	Video Footage on internal Television screens
Student Image			
Student Name			

External use	Photo/image in external newspaper, magazines or brochures	Video footage on external television programmes	Photo/Image in articles including: FoQus magazine/social media	Video Footage on Q3 Academies' website/social media
Student Image				
Student Name				

Please note that the Internet/Academy website can be viewed throughout the world and any personal information shared on here will go beyond the U.K. and the European Area. No student may post images, video footage, or content including Academy staff, students, and images of the Academy, or use the Academy name on any website without prior written consent from the Head of School and the persons involved.

### Immunisation Information

Please identify which of the following immunisations your child has received and date as appropriate (from your child's red book):

Date Received	Usual age due	Immunisation
	2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C
	3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C
	4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C
	12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)
	3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster
	10-14 years	BCG (only for children with identified risk factors)
	14 years	Tetanus, Polio and Diphtheria Booster

## Policies and documents from the pack provided

There are a number of additional agreements and policies that are available to view in the Academy or on our website. **Please confirm that you have carefully read the information in the following documents and tick to confirm that you understand and agree to these** conditions (these must be ticked in order to enrol your child at the Academy and provide access to Academy facilities):

- Academy Partnership Agreement (required to enrol your child)
- Wellbeing Active Student Agreement (required to enrol your child)
- ICT Acceptable Use Policy (required for your child to use ICT facilities)

I, as legal parent/carer, confirm that this is a true and accurate record of my child. I give consent as specified above and agree to all Academy policies and procedures as detailed on the Academy website.

I, as a student of Q3 Academy Great Barr, agree to comply fully with all policies and procedures and have read and understand the Academy Partnership agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Carer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Signed:  \_\_\_\_\_ Date: February 2020  
Mr M Arnall – Head of School

## Privacy Notice (including General Data Protection Regulations from 25<sup>th</sup> May 2018)

Once you submit this data pack, the Q3 Academies Trust has a responsibility to retain it. If for some reason, your child does not commence their Academy education at Q3 Academy Great Barr, then this data will be securely destroyed as per our data retention guidelines and will not be processed by the Trust after that point. If you wish to withdraw any of the consent contained within this document at any time, please contact the Academy Data Department in writing.

We take our obligations seriously and the full privacy notice may be found at: [www.q3mat.org.uk/trust-policies](http://www.q3mat.org.uk/trust-policies). What we use your data for, your rights and how we protect this information is detailed within here.

If at any point, information within this pack changes, you should notify your child's Year Office as soon as possible, to ensure that we are holding the most up-to-date information relating to your child. If you have any questions regarding the Data Protection, Retention and/or GDPR guidelines, please contact our Data Protection Administrator (DPA) at [GDPR@q3academy.org.uk](mailto:GDPR@q3academy.org.uk)

## Students from the age of 13

Once our students reach the age of 13 years old, the law requires us to pass on information about them to Sandwell Metropolitan Borough Council who have responsibilities in relation to the education or training of 13-19 year olds. We may also share personal data relating to children aged 16 or over with post-16 education providers in order to secure appropriate services for them.

A parent/carer can ask that no information other than their child's name, address, and date of birth be shared. This right is transferred to the child once they are 16 years old.

I consent to sharing my child's data for the purpose of education and/or training. If unticked, we will only share your child's name, address, and date of birth as required by law.