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**Data Collection Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | | Legal Surname: |  |
| Forename: |  | | | Middle name: |  |
| Chosen name: |  | | | Gender: |  |
| Date of Birth: |  |  |  | Tutor Group/ Year |  |
| Address: |  | | | | |
| Post Code: |  | | | | |
| Telephone: |  | | | | |
| Email: |  | | | | |
|  |  | | | | |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

Place them in the order that you wish for them to be contacted in an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| Priority | Name/Relationship | Home Address/Phone/Mobile | Work Address Phone/Email |
| 1 |  | Tel:  Mobile: | Tel:  Email: |
| 2 |  | Home Address/Phone/Mobile  Tel:  Mobile: | Work Address Phone/Email  Tel:  Email: |

|  |  |  |
| --- | --- | --- |
| Medical Practice | Address | Telephone Number |
| Medical Conditions  Medical Notes / Allergies / Regular Medication taken |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnicity: |  | Religion: | |  |
| Home Language: |  | First Language: | |  |
| Country of Birth: |  | Nationality: | |  |
| **The data being collected, controlled and processed is in line with current Data Protection legislation** | | | | |
| Signature: | | | Date: | |