

Dear Carer,

This summer Greater Manchester Higher are pleased to announce that the Success4Life will be going online for the first time, and we would like to invite your young person to take part! Greater Manchester Higher are an outreach network of universities and colleges from across the region, and our project aims to provide a fun way for students to learn about their post-16 options.

**What is it?-** Success4Life Online is a 6 week aspiration and confidence raising project aimed at looked after young people. Sessions will cover: student finance, post-16 options, communication skills, wellbeing promotion, nutrition, challenges and more.

**Who is it for?**- Care experienced young people in Greater Manchester in Years 8-10. It’s important that the young people involved understand that although this is a project at those with care experience, it will not focus on their past – but on their futures and all the options open to them!

**Duration and Dates-** 6 week programme from **Tuesday 21st July to Tuesday 1st September (**with aone week break w/c 10th August). Sessions will run **from 4-5pm.**

**What about online safety?**- We will be using a secure online platform ‘GoToWebinar’ to deliver sessions, all sessions will be delivered by two or more DBS checked staff.

We hope that the project will be an exciting, memorable and worthwhile experience for the young people and we look forward to working with you over the coming months.

Kind Regards,

The Success4Life Team

**Success4Life-** Learner consent and information form.

*Please note: all information will be kept confidential and used only by the Success4Life team:*

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| **Section 1 – Information about your young person** | |
| **First Name:** | **Surname:** |
| **Preferred Name:** | |
| **Home Address:** | |
| **Postcode:** | |
| **Name of School:** | |
| **Date of Birth (dd/mm/yy):** | |
| **Gender:** | |
| **Section 2 – Emergency Contact Details** | |
| **Carer Contact Name:** | |
| **Carer Contact Number (Mobile/Home):** | |
| **Carer Email:** | |
| **Social Worker Name (if available):** | |
| **Social Worker Contact Number:** | |
| **Learner’s Medical/Dietary Requirements:** | |
| **Additional Learning Needs (or Additional Support in School we may need to be aware of):** | |
| **Why would you like this young person to be part of this project? What would you like them to get out of it?** | |
| **Is there anything else you feel we should know about this young person that would help us ensure they get the most out of this project?** | |

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| **Section 4 – Carer Consent** |
| * All the information supplied on this form is correct to the best of my knowledge * I give consent for my young person to attend Success4Life * I consent to my young person receiving treatment by a qualified First Aider if required * In the highly unlikely event of any serious accident or medical incident, we will immediately try to contact you. The University will assume responsibility to act on medical advice in your young person’s best interest   Signed ………………………………………………………………………………..…… Date ………………………………  Print Name ……………………………………………………………………………… Relationship ……………… |