**NUS Disabled Students’ Conference**

**8-9 May 2019**

**Location** Holiday Inn, Manchester

**Times** Wednesday 8th May – Thursday 9th May 2019

**Content**

NUS Disabled Students' Conference is the sovereign policy-making body of the Disabled Students' Campaign which is a politically autonomous part of NUS UK.

This Conference brings together delegates from students' unions affiliated to NUS UK to discuss, debate and vote on motions.

**Travel**

NUS does not provide any travel to and from the venue and therefore has no liability for the delegates getting to and getting home from conference.

**Accommodation**

Accommodation is provided at the conference venue in single rooms for under 18s.

**Safeguarding**

All delegates are given a safeguarding number that they can call with any issues they have. This will be shared with delegates at the start of conference. Please note that safeguarding arrangements are available from when registration opens and the close of the as per the times above. **There will be no supervision available outside of these hours.** If you feel additional supervision is necessary, please make arrangements with your young person’s union directly.

**Code of behaviour**

We expect all delegates to adhere to all our event policies, including our equal opportunities policy while participating in the event. We also expect delegates to read and follow NUS’ code of conduct at all times. Any breach of these policies will result in delegates being asked to leave the event. The full policies can be found on NUS Connect or can be forwarded on request.

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| **PARTICIPANT PROFILE & U18 PARENTAL CONSENT FORM FOR NUS EVENTS**  **NUS Disabled Students’ Conference**  **8th – 9th May 2019, Holiday Inn Manchester** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Section 1** | | **Personal details – Young person (aged 18 and under) and Parent/Guardian** | | | | |
| Full Name of Young Person | | | Name of Parent/Guardian | | | Young person’s date of birth |
|  | | |  | | |  |
| Home address including postcode | | | | | | Mobile number for participant on the day |
|  | | | | | |  |
| Daytime landline number of Parent/Guardian | | | Mobile telephone number & email address of parent/guardian | | | Home ‘phone number for parent/guardian |
|  | | |  | | |  |
| **Section 2** | | **Emergency Contact Details** | | | | |
| Name of alternative adult who can be contacted in an emergency | | | Phone number(s) for alternative named adult | | | Relationship of this adult to child ie Aunt |
|  | | |  | | |  |
| **Consent Statement from Parent/Legal Guardian** - Please tick each box where you agree | | | | | | |
| **Legal Authority to provide consent** | | | | | | |
|  | I confirm that I have legal responsibility for the young person named above and that I am entitled to give this consent | | | | | |
|  | I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the organisers of the event of any changes to this information | | | | | |
| **Consent to participate** | | | | | | |
|  | Having read the event briefing, I agree to the young person named above taking part in this event. | | | | | |
| **Medical Consent** | | | | | | |
|  | I give my consent that in an emergency situation, the designated person(s) may act in *loco parentis*, if the need arises for the administration of emergency first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact me or the alternative adult which I have named in Section 2 of this form. | | | | | |
|  | I confirm that to the best of my knowledge, my child does not suffer from any medical condition other than those detailed by me in the section below | | | | | |
| **Medical Information/Additional Support Needs** – Please detail below any important medical information that the trip organiser needs to know (eg allergies, medical conditions, current medication, special dietary needs, injuries etc.) or additional support/protection needs your child may have. | | | | | | |
|  | | | | | | |
| I confirm that I have read the event briefing or been made aware of arrangements/expectations concerning | | | | | | |
|  | Travel | | |  | Safeguarding arrangements | |
|  | Accommodation | | |  | Code of behaviour | |
|  | I understand that this is a largely adult event with open access, no NUS supervision of delegates & independent movement between venues/activities in a city centre location | | | | | |
|  | I understand and agree to the responsibilities which I and my child have in connection with this event and associated arrangements outlined in the event briefing and the event code of behaviour | | | | | |
| Signed (Parent/Legal Guardian) | | | Printed Name of Parent/Legal Guardian | | | Date of signature |
|  | | |  | | |  |
| Signed (Young Person) | | | Printed Name of Young Person | | | Date of signature |
|  | | |  | | |  |
| **DATA PROTECTION** – In the event of a medical issue or a safeguarding concern arising, the trip organisers may disclose certain information to doctors and/or Police and/or Children’s Social Care on a ‘need to know’ basis. | | | | | | |