

# Event Briefing Lead and Change 2021 Online

Location Online

Times 5<sup>th</sup> – 9<sup>th</sup> July 2021 (10:00 – 13:00)

## Content

This year's course has been designed as an online programme, promising to provide networking opportunities and the chance to develop the skills you'll need during your time in office. To make sure you can make the most of this whilst also settling into your new roles, we will be spreading content over 5 mornings, from the 5 July to 9 July.

You will collaborate with fellow officers in groups led by experienced staff members from across the student movement, as well as networking with your fellow officers.

This course will cover a wide range of topics, such as: the history of the student movement, engagement, representation, campaigning and governance, as well as targeted time with you and your key staff member to discuss your priorities and challenges for the year ahead as an SA.

# Travel

There is no travel as the event is online.

# Accommodation

There is no accommodation as the event is online.

## Safeguarding

There will be a separate skype video call which will be monitored by a trained NUS safeguarder. There will be no supervision available outside of the session hours.

# 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.



#### PARTICIPANT PROFILE & U18 PARENTAL CONSENT FORM FOR NUS EVENTS Lead and Change 2021 5<sup>th</sup> – 9<sup>th</sup> July

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| Section 1 Personal details – Young person (aged 1   |  |                      | - Young person (aged 18 and under) and Pare        | ent/Guardian                             |  |
|---|--|----------------------|--|--|--|
| Full N  | lame of Young  |                      | 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  |  |                      | Mobile telephone number & email address of         | Home 'phone number                       |  |
| Parent/Guardian   |  |                      | parent/guardian                                    | for parent/guardian                      |  |
|   |  |                      |  |  |  |
| Section 2 Emergency Contact Details   |  |                      |  |  |  |
| Name of alternative adult who can   |  | e adult who can      | Phone number(s) for alternative named adult        | Relationship of this                     |  |
| be contacted in an emergency  |  | emergency            |  | 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 <i>loco parentis</i> , if the   |  |                      |  |  |  |
| N/a   |  |                      |  |  |  |
| , a   | opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence   |                      |  |  |  |
|   | that all reaso   | onable steps will be | taken to contact me or the alternative adult which |  |  |
|   | 2 of this form.  |                      |  |  |  |
| N/A   | 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 organiser needs to know (eg allergies, medical conditions, current medication). This is for information only  |  |                      |  |  |  |
| but will be used if there is a medical emergency situation during the event e.g. a delegate has an medical  |  |                      |  |  |  |
| emergency during a skype call.  |  |                      |  |  |  |
|   |  |                      |  |  |  |
|   |  |                      |  |  |  |
| I confirm that I have read the event briefing or been made aware of arrangements/expectations concerning  |  |                      |  |  |  |
|   | Code of behaviour Safeguarding arrangements  |                      |  |  |  |
|   | I understand that this is a largely adult event with open access, no NUS supervision of delegates & independent movement between online sessions.    |                      |  |  |  |
|   | 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)  |  | gal Guardian)        | Printed Name of Parent/Legal Guardian              | Date of signature                        |  |
|   |  |                      |  |  |  |
| Signed (Young Person)   |  | son)                 | Printed Name of Young Person                       | Date of signature                        |  |
|   |  |                      |  |  |  |
|   |  |                      |  |  |  |
| <b>DATA PROTECTION</b> – In the event of a medical issue or a safeguarding concern arising, the organisers may disclose certain information to doctors and/or Police and/or Children's Social Care on a 'need to know' basis. |  |                      |  |  |  |
|   |  |                      |  |  |  |
| ***************************************   |  |                      |  |  |  |