**Appendix 1 – Consent Form for Applicants Under the Age of 18**

This form must be completed by all students who will be under the age of 18 at the date of their enrolment at the University and at least one of the under 18 student’s parent(s) or legal guardian(s). The form must be fully completed and returned by email to the relevant Admissions Office at Staffordshire University (details below) **as soon as possible.**

Please note that:

* **All students** will not be permitted to start the enrolment process until the form has been returned and approved
* **International students** requiring a Confirmation of Acceptance for Studies (CAS) in order to apply for a Student Visa must submit the completed Under 18s Consent Form for approval before the CAS is issued.

Please complete this form in **BLOCK CAPITALS**

**Section 1 – Student Personal Details** (to be completed by **ALL STUDENTS**)

|  |  |
| --- | --- |
| Name of student |  |
| Date of birth |  |
| UCAS ID number or Student ID number |  |
| Course |  |
| Start date (month and year, e.g. October 2019) |  |
| Date of arrival (if unknown please state your planned date of arrival): |  |
| Student address in the UK (if unknown at this time please state whether you are plan to live in private or on-campus accommodation): |  |
| Student Declaration and Signature:  *I confirm that I have read and understood the Staffordshire University Policy for Admissions of students under the age of 18.*  Signed Date | |

**Section 2 Parental Consent: (**to be completed by (at least one of) the student’s parent(s) or legal guardian(s) of **ALL STUDENTS**)

|  |  |  |
| --- | --- | --- |
| Name(s) of parent(s)/ parent(s) or legal guardian(s) | Parent 1: | Parent 2 (if applicable): |
| Permanent address of parent(s)/ parent(s) or legal guardian(s) |  |  |
| Telephone numbers |  |  |
| E-mail addresses |  |  |
| Emergency Contact | Yes No | Yes No |

**Section 3 – Details of Nominated Guardian in the UK** to be completed by at least one of the student’s parent(s), or legal guardian(s) if different to above.

***PLEASE NOTE: Details of a guardian in the UK must be provided if the parent(s)/ or legal guardian(s) named in Section 3 (below) live outside the UK. Refer to section 4.2.5 for further guidance.***

|  |
| --- |
|  |

If the nominated guardian details are the same as as above please tick here.

|  |  |
| --- | --- |
| Full Name of Guardian in the UK |  |
| Full UK Address: |  |
| Telephone number: |  |
| E-mail address: |  |
| Is this an emergency contact? | Yes No |

**Section 4: Emergency Contacts** (to be completed by at least one of the student’s parent(s), or legal guardian(s) of ALL STUDENTS if emergency contact is different to above:

|  |  |  |
| --- | --- | --- |
| Name(s) | Emergency Contact 1: | Emergency Contact 2 (if applicable): |
| Permanent address |  |  |
| Telephone numbers |  |  |
| E-mail addresses |  |  |

**Section 5: Declaration**:

**Part 1** **to be read and signed by the parents(s) or legal guardian(s) of all students.**

**Part 2 to be read and signed by the parents(s) or legal guardian(s) of International students only**.

**Part 1:**

* I/we\* are the parent(s/legal guardian(s)\* of the student named above
* I/we\* have read and agree with the Admission of Under 18 Students document and agree to the Principles of Consent as detailed.
* I/we\* agree to inform the University of all travel plans and accommodation arrangements prior to the student travelling to the University.
* I/we\* confirm that all details provided are accurate and correct, and should any details change I/we\* will contact the University to update their records.

|  |  |  |
| --- | --- | --- |
| Signatures of parent(s)  / legal guardian(s)\* | Parent 1 | Parent 2 (if applicable) |
| Date: |  |  |

**Part 2:**

* I/we\* give our consent for him/her\* to apply for and hold a Student Visa to study

away from home, in the UK (where applicable for UK study);

* I/we\* will use the Alternative Collection Location (ACL) code for Staffordshire University in the Student Visa application.
* I/we\* consent to him/her\* travelling independently to the UK (where applicable) and University / to the reception arrangements made.
* I/we\* have read and understood section “4. UK Guardian”.
* I/we\* confirm that the person named in Section 3 above is my/our\* nomination as UK Guardian (where required).
* I/we\* confirm that the nominated UK Guardian has given consent to be contacted by Staffordshire University, should this be necessary.
* I/we\* confirm that all details provided are accurate and correct, and should any details change I/we\* will contact the University to update their records.

|  |  |  |
| --- | --- | --- |
| Signatures of parent(s)  / legal guardian(s)\* | Parent 1 | Parent 2 (if applicable) |
| Date: |  |  |

Return forms to – International Applicants: [int-admissions@staffs.ac.uk](mailto:int-admissions@staffs.ac.uk) . Home / EU applicants: [central-admissions@staffs.ac.uk](mailto:central-admissions@staffs.ac.uk)