

DCU Maths Support Sessions 2023- 2024

Health & Permission Form

Data Protection Notice

Personal data that you submit to the DCU Student Recruitment Office (a unit within Dublin City University, the Data Controller) via this Health & Permission Form will be used only in conjunction with your child's attendance at the **DCU Maths Support Sessions 2023-4** and will be treated in accordance with the DCU Data Privacy Policy which can be accessed at this web page: <http://dcu.ie/ocoo/data-protection.shtml>

The DCU Access service shall only process your data for the purposes for which you provide it:

- to inform DCU of any illness the student has that may require treatment or medication
- to provide contact details in the event of an emergency
- to confirm your consent for the student to attend the Maths Support Sessions
- to confirm acceptance of the Ground Rules by you and the student
- to state your preference for the student's inclusion in photos or video of the event.

The data provided on this form will be shared with the staff of the DCU Access service to the extent required for the delivery of the Maths Support Sessions. The DCU Access service may be contacted at access@dcu.ie.

The data you submit will be held for a maximum of one year after the conclusion of the Maths Support Sessions, after which it will be disposed of in line with the DCU Data Privacy Policy.

You have the right to access your own personal data submitted on this form on request. The contact details for exercising these rights is the DCU Data Protection Unit within the Chief Operating Officer's Office, which can be contacted at data.protection@dcu.ie

By signing this form you are giving your consent to the processing of the personal data captured by the form as outlined above.

I have read and understood the Data Protection Notice above and I consent to DCU obtaining, processing and retaining my and my child's personal data for the purposes described on this form.

Parent / Guardian's Signature: _____ Date: _____

Health Form

Name of Student: _____

School: _____

Date of Birth: _____

Student email address: _____

Student contact number: _____

1. This student has an illness requiring treatment/medication: **Yes** **No**

If yes, what is the illness and the treatment required: _____

2. In the event that this student becomes ill, please contact:

Name: _____ Phone: _____

Permission Slip

Ground Rules:

- Smoking and the possession or consumption of alcohol or drugs are strictly forbidden.
- While taking part in DCU programmes students are responsible for their personal property.
- Students must comply with the procedures and rules of the college.
- Students may be asked to leave the programme if their behaviour is disruptive.
- Participants must follow all instructions given by a tutor, student helper or member of DCU staff.
- DCU is not responsible for any student who leaves the campus during any programme.

Failure to comply with these ground rules will lead to exclusion from the Maths Support Sessions.

I, the parent / guardian of (name of participant) _____ give consent for my son / daughter to take part in the DCU Maths Support Sessions 2023-4. I have completed the Health Form, and both I and my son / daughter have read and agreed to the Ground Rules.

Parent / Guardian's Signature: _____ Date: _____

Your child will be attending a DCU Event and the DCU Service would like to take **photographs and/or record video** to publish on their websites and in other promotional material.

I give permission for **photographs and/or video** of my child's participation in the DCU Maths Support Sessions to be published on the DCU website and in other promotional material. **Yes** **No**

Parent / Guardian's Signature: _____ Date: _____