A close up of a logo

Description automatically generated[INSERT YOUR LOGO HERE]

**[Series name, e.g. host venue] Royal Institution [Year group] [Subject] Masterclasses, [Term] [2024/25]**

Information for students and parents

**Dates:** [dates]

**Venue(s):** [venue name(s) and address(es)]

**From [start time] to [finish time]**, registration from [arrival time]

Dear Student and Parents/Carers,

[Host organisation]is delighted to offer [Primary/Secondary] [Mathematics/Computer Science/STEM] Masterclasses in association with the Royal Institution (Ri). Schools are asked to nominate a handful of students to attend the entire series of [six] sessions, free of charge. Your teacher would like to nominate you to take part – they feel you have the interest and motivation required to benefit greatly from these classes.

Ri Masterclasses are series of workshops which are led by [subject]enthusiasts from industry, academia and education, covering a different topic in each workshop. They offer pupils in-depth, fun investigations of topics in [subject]from beyond the normal curriculum. We aim to include and challenge all students: from those who are already well-motivated and curious about [subject]to those who are just beginning that journey. We hope to inspire them to continue their engagement with [subject] for a long time to come.

[*INCLUDE IF APPLICABLE & DELETE AS APPROPRIATE:* This Masterclass series will also include students from Year [year group]/university students who are studying STEM Subjects and who will be supporting the classes/delivering some of the Masterclasses with training from the Ri.]

Ri Masterclasses run across the UK – see more information here: [*rigb.org/learning/ri-masterclasses*](https://www.rigb.org/learning/ri-masterclasses)

**Series format**

The Masterclasses run on the above dates at the above venue(s), and parents/carers are responsible for students’ travel to and from the Masterclasses. Parents/Carers do not stay with the students during the sessions. [DELETE IF NOT APPLICABLE]: There will be a short refreshment break during the workshops and refreshments will/will not be provided.

Students are expected to attend all [six] classes and will receive an attendance certificate at the end of the series, as well as an invitation to attend the Ri’s national Masterclass Celebration event. Please specify on the consent form if you cannot attend some of the dates.

PLEASE NOTE: This invitation does not guarantee you a place on the series.

**How to apply**

If you are interested in this opportunity, please complete **ALL** sections of the attached consent form **legibly** and return it to your nominating teacher ASAP. Please ensure you have given accurate accessibility, medical and allergy information on the form, and have completed the consent statements. You should keep this letter for reference. Teachers/ Parents/carers will be informed whether you have secured a place on this series by [date]. Further instructions will be sent to parents/carers of accepted students before the start date.

We hope that you are able to take up this exciting opportunity.

Best wishes,

[Signature]

[Name], [Contact details]

|  |
| --- |
| **[Series name] Royal Institution [year group] [Subject] Masterclasses****, [term] [2024/25]** |

**Masterclass application & consent form**

TO BE COMPLETED BY A PARENT/CARER FOR STUDENTS AGED 15 OR UNDER, OR STUDENTS AGED 16+

Your/your child’s teacher would like to nominate them to attend a series of Ri [Subject] Masterclasses – please see the accompanying letter for more information. Please return this form to the teacher ASAP so that they can put them forward (any forms returned directly to the Masterclass organisers or the Royal Institution cannot be processed). PLEASE NOTE: Completing this form does not guarantee a place on the Masterclass series; you will be notified [via the nominating teacher] if you have a place.

**Please make sure you have completed all sections of this form (two pages)**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Details** | | | | | | | | | | | | | | | | | | | |
| **Student forename:** | | |  | | | | | **Student Surname:** | | | |  | | | | | | | |
| *Please give their preferred name, if different:* | | | | | | | |  | | | | | | | | | | | |
| **Home postcode:** |  | | | | | **Gender** (optional)**:** |  | | | | **Date of Birth:** | | **D** | | **D** | **M** | **M** | **Y** | **Y** |
| **School name:** | |  | | | | | | | | **School postcode:** | | | | |  | | | | |
| Does the student have any allergies, medical conditions, accessibility requirements or do they ordinarily require any additional support that would impact their ability to fully participate in a workshop? **Yes/No**  **Details:** | | | | | | | | | | | | | | | | | | | |
| **Parent/carer forename:** | | | | |  | | | **Parent/carer surname:** | | | | | |  | | | | | |
| **Contact details** – our main method of communication will be via a parent/carer email address; please ensure the address provided is checked regularly. If you do not use email, write ‘not used’. | | | | | | | | | | | | | | | | | | | |
| **Parent/carer email address** (BLOCK CAPITALS)**:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **REPEAT Parent/carer email address** (lower case)**:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Parent/carer contact telephone number**(s)**:** | | | | | | | | |  | | | | | | | | | | |
| **Emergency contact** – please give details of a responsible adult who can be contacted during the sessions in case of an emergency: | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | | | | | | | | | |
| **Relation to student:** | | | |  | | | | | | | | | | | | | | | |
| **Telephone number**: | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Is there anything else we need to know?** You can also use this space if you need to add a second parent/carer's details or additional emergency contact. | | | | | | | | | | | | | | | | | | | |

Page 1 of 2. **PLEASE TURN OVER**: WE CANNOT PROCESS YOUR APPLICATION WITHOUT CONSENT

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL CONSENT:** We need your consent to process this application further  **Student name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)  **Who is completing this form?** (please tick) *[ORGANISERS CAN DELETE THIS QU IF NOT NEEDED; IF SO, ENSURE SIGNATRE BELOW IS LABELED ‘PARENT/CARER’]*  I am the parent/carer of the student named above.  I am the student named above; I am aged 16 or over, and I have consent from my parent/carer to complete this form and agree to the statements below.  **I confirm that** if the student named on this form is invited to attend the Masterclass series:   * I accept responsibility for their travel to/from the venue(s). * I give permission for any necessary emergency medical treatment to be carried out while the student is at the classes. * I understand that this data will be shared with the Ri who own the Masterclass programme and as such they may contact me about events and activities related to Ri Masterclasses. * The student agrees to abide by the Masterclass code of conduct: <https://www.rigb.org/ri-masterclasses-code-conduct>. I understand that students may need to be removed from the Masterclass session/series if they do not abide by the code of conduct (all sessions will be monitored by an appropriately checked adult Supervisor to ensure the safety of everyone present). | | | | | | | | | |
| **Signed:** | |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **Print name:** | |  | | | | | | | |
| **Photo consent** (optional):  I give approval for the Masterclass organisers and the Royal Institution (Ri) to take and use images and videos of the Masterclasses which may include the student named on this form, for outreach, fundraising, reporting and media purposes, including social media. I understand the student will not be named by the Ri.  **Tick to confirm or reject photo consent: YES**  **NO** | | | | | | | | | |
| **Signed:** |  | | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** |

*[****DELETE BEFORE SENDING:*** *Universities can add an additional question regarding consent for data to be stored on the HEAT database, provided they have a Joint Data Controller Agreement with the Ri and that the consent statement has been approved by the Ri Masterclass team. This should be separate from the general Masterclass consent statements]*

**Ri Privacy notice**: The Royal Institution and organisers of this Masterclass series process the personal details provided above for the purpose of running the Ri Masterclass programme. All personal data entered in this form will be held securely by the Masterclass organisers for the duration of the Masterclass series. This information will also be passed to the Royal Institution and recorded in their database. The personal details you have entered onto this form will always be stored securely and they will never be passed on to third party organisations to use for their own purposes. We will use your personal data to communicate with you only in the way(s) that you have agreed to. You may amend the personal details you have entered onto this form anytime by emailing ri@ri.ac.uk. For further details please see the Ri privacy policy (available on [www.rigb.org](http://www.rigb.org)).

**[Masterclass venue/organiser name] privacy statement:** ADD YOUR STATEMENT HERE IF YOU HAVE COMPLETED A JOINT DATA CONTROLLER AGREEMENT (mainly universities), otherwise delete this red section.

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