



Travel

I give consent for my son/daughter to travel to the UK and study at Berlitz Manchester.

I agree that my son/daughter can travel unaccompanied:

- to and from Manchester at the start and end of their course. YES NO
Please note age limit of 16+. Where travelling alone, please consult with Berlitz Manchester regarding Unaccompanied Minor Service.

- between the school and his/her homestay accommodation YES NO

Please note a minimum age of 14 years applies for Homestay accommodation
A minimum age of 18 years applies to Student Residence

From airport/station etc to centre at the start of the course.

Details, Flight no. _____ Airport _____ Time _____

From school to airport/station on departure from the centre.

Accommodation

I agree to my son/daughter staying in Homestay accommodation arranged by Berlitz Manchester YES NO

He/she understands that he/she must follow the 'school and house rules'. YES NO

[Please see a copy here -----](#)

If your son/daughter is staying with family members or is in accommodation arranged by yourself, please give full details:

Name of responsible adult in the accommodation:

Date of birth:

Relationship to the child:

Address:

Mobile phone:

Email:

Berlitz Manchester has a duty-of-care for all U18 students. Further information can be found in our Safeguarding Policy.

Under 18s must stay in accommodation where the Primary Carer is over 25 and no family members have a previous criminal conviction. Berlitz Manchester will conduct a visit to check id of named carer and check suitability of the suitability of accommodation.

Curfew times



I agree the following times when my/son daughter must be in their accommodation: YES NO

14- 16 years... 8 PM – 6 AM Daily
17 years10 PM – 6 AM Daily

Leisure activities

I give permission for my son/daughter to go on any trips organised by Berlitz Manchester and to take part in these activities, under supervision.

- | | |
|-----------------------------|--|
| Ball games | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Swimming and water sports | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Canoeing/ kayaking /sailing | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Horse-riding | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Archery | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Ice-skating | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Please note that Smile Adventures [Etc. – this depends on your offering; you may want to include information about any trips organised by outside companies, giving information on what relationship the school has to the organising company, i.e. do they check their risk assessments.]

Unsupervised time

I give permission for my son/daughter to have free time for shopping on trips arranged by the Berlitz Manchester YES NO

Note: Maximum at ages 14–17 – up to an hour within a specified area, in groups of three.

I give permission for my son/daughter to have unsupervised free time in Manchester during the time between the end of classes/activities , according to Berlitz Schedule And the time of the evening meal at their accommodation. YES NO

I give permission for my son/daughter to have unsupervised free time in the evening after the evening meal and at weekends; subject to curfews within Greater Manchester. YES NO

Any trips beyond that, especially requiring an overnight stay will need additional parent/guardian consent to each individual trip.

Medical

Please tell us about any problems. If we are not told in advance about a physical or mental condition, we reserve the right to terminate the student’s course.

Does your son/daughter have:



- Asthma or bronchitis YES NO
- Heart condition YES NO
- Fits, fainting or blackouts YES NO
- Severe headaches YES NO
- Diabetes YES NO
- Allergies to known medicines YES NO
- Other allergies e.g. materials, food, plasters YES NO
- Travel sickness YES NO
- Bed-wetting/incontinence YES NO
- Any mental health problems (including eating disorders, hyperactivity)? YES NO

Is your son/daughter on regular medication? YES NO

Does your son/daughter require regular hospital treatment? YES NO

Does your son/daughter take any medication which he/she will bring with him/her? YES NO

Is there anything else we should know about? YES NO

If the answer to any of the questions above is YES, please give details:

In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your son/daughter being given non-prescription medication such as Paracetamol, cough medicine, throat pastilles, antihistamine or travel sickness tablets? YES NO

In case of an emergency do you give permission for a responsible person in the **[school/college/university]** or in their accommodation to arrange medical treatment. YES NO
Of course, every effort will be made to contact you, the child's parents/guardians, as quickly as possible.

Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated times. If you wish your child to be absent from the course at any time, please contact the **[school, college, university]** directly so that suitable arrangements can be made.



Photographs and video clips

I understand that the Berlitz Manchester may take photographs or video clips of students during class or leisure activities and that these images may be used in the schools [publicity or on its social media site.

I consent for images to be taken. YES NO

I consent for images to be used in the schools publicity (brochure and digital) YES NO

Long-stay students (12 weeks +)

Details of student's doctor in home country:

Title: First name: Family name:

Address:

Telephone: Email:

When did your son/daughter last have a tetanus injection? Date: _____

I give permission for my son/daughter to be registered with a doctor (General Practitioner) in the UK. YES NO

Students aged 16 and 17 who are enrolled on adult courses

I understand that:

- my son/daughter will come into regular contact with other students over the age of 18, in class and during the leisure programme
- he/she is responsible for buying their own lunch during the week
- there are certain British laws (e.g. related to smoking and drinking alcohol) that apply to people aged under 18. As a consequence, there may be some leisure activities which my son/daughter cannot take part in because of their age.

Consent

I confirm that the above details are accurate and complete.

I agree to the terms and conditions

I have discussed the agreed arrangements and rules with my son/daughter.

Signature of the parent/guardian:

I have discussed the agreed arrangements and rules with my parent/guardian.

Signature of the student: