

**Admission of Students Under the Age of 18**  
Parental Agreement



Applicant Name: \_\_\_\_\_  
Applicant Date of Birth: \_\_\_\_\_

This form is to be completed by a parent or legal guardian of \_\_\_\_\_

**Please complete all sections of this form**

If the applicant named above takes part in one of the Bartlett Short Courses **2019**, I, the undersigned parent or guardian:

1. Understand and accept the information provided in the UCL Policy on Admission of Students Aged Under 18.
2. Understand that the University shall not have parental responsibility and shall not be liable for any acts or omissions by the student. I agree that I shall remain primarily responsible for the student's personal supervision and welfare. For this purpose, I understand that I must consider whether there is a need to provide any continuing personal supervision.
3. Understand that I shall be responsible for ensuring that UCL's rules and regulations are adhered to by the student.
4. Consent to the student undertaking the programme of study and participating in such extra curricular activities as the student shall determine.
5. Accept that UCL's obligation of confidentiality is owed to the student and to nobody else. Accordingly, the University shall not divulge confidential information, for example about a student's academic progress to a parent or anyone else without the consent of the student.
6. Understand that this agreement shall remain in force until the eighteenth birthday of the student.

**Signature of parent or legal guardian**

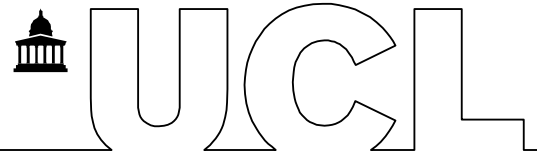
Signature: \_\_\_\_\_

**Full name (please print):** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this form to:** [bartlett.shortcourses@ucl.ac.uk](mailto:bartlett.shortcourses@ucl.ac.uk)



**Emergency Contact Details**

Please note: by providing UCL with this information, you are confirming that the individuals you have named as emergency contacts are willing and able to act in this capacity, that they give their consent to UCL storing their data for this purpose and that you consent to UCL contacting them in an emergency.

It is your responsibility to notify UCL Bartlett Short Courses Team promptly of any change to these details, by emailing the information to [bartlett.shortcourses@ucl.ac.uk](mailto:bartlett.shortcourses@ucl.ac.uk).

*First Emergency Contact*

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact telephone numbers

(daytime): \_\_\_\_\_

(evening): \_\_\_\_\_

( mobile ): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

*Second Emergency Contact*

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact telephone numbers

(daytime): \_\_\_\_\_

(evening): \_\_\_\_\_

( mobile ): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Please return this form to:** [bartlett.shortcourses@ucl.ac.uk](mailto:bartlett.shortcourses@ucl.ac.uk)