



## **Student Consent Form**

**Student Name:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

**Programme:** **BA in Social Care**

I (student name) \_\_\_\_\_ consent / do not consent to participate in the activities involved in delivery of the BA in Social Care course. I understand that the material collected during these activities will be used for information/assessment purposes only and will not be used for any other purpose. I understand that I can withdraw my consent to participation in these activities at any stage and that an alternative format for the gathering relevant information/assessment will be agreed.

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

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

Note: This consent is valid for the duration of your studies on the BA in Social Care.