



## **Student Consent Form**

**Applicant/Student Name:** \_\_\_\_\_

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

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

I (applicant/student name) \_\_\_\_\_ **consent / do not consent**  
**(please circle your option)** 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.