## **Child Safe Collection Consent Form**

Child's name:	
Child's date of birth:	
Date of written exam:	/ /
Date of speaking	/ /
exam:	
Collection	a) I consent for my child (aged 11 years and over) to
arrangements:	leave the exam premises unaccompanied, $\Box$
(Please sign and	
complete the	or
corresponding section	
below)	<ul> <li>b) I do not consent for my child to leave exam premises unaccompanied and choose for them to be collected by the designated person/people identified in the table below.</li> </ul>

The British Council believes that the care, protection and welfare of children are paramount and that all children have the right to be protected from harm. This includes our commitment to effective child protection systems and ensuring children are safely collected from exam premises.

Please read this information carefully before you complete and sign this consent form. If you do not complete this form, you will not be able to complete the registration and <u>your child will not be able to take the test</u>. We recommend that you keep a copy of this form for your records.

## Who is this form for?

This form is to be completed by the parent/carer of any child taking a British Council test. It provides the British Council with information about who will be collecting the child after the test or provides confirmation that the child is permitted to leave exam premises unaccompanied.

## **Child Safe Collection Policy**

The following applies to all British Council exam operations:

- A child is defined as any person who has not reached their 18th birthday.
- Children aged 10 years and under are <u>not</u> permitted to leave exam premises unaccompanied. They must be collected by the parent/carer named on this form or by a person for whom the parent/carer has provided details.
- Children aged 11 years or older are only permitted to leave exam premises alone
  once parental/carer consent has been given in writing via the completion of this
  form.
- The person identified to collect the child must be age 14 years or older.
- Any subsequent change to the person who comes to collect the child must be authorised in writing by the parent/carer.

## Option 1 - Consent for children <u>aged 11 years and over</u> to leave exams premises unaccompanied:

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nereby give permi	ssion to allow (child's full na	
	the and of the test/s	to leave exam's premises
unaccompanieu at	the end of the test/s.	
_	ncy, please contact (insert n	ame of emergency contact) on (insert telephone number)
	·	
Signature (full nam	e)	
Date/	e)	·
		ted by the designated person/people
identified in the t	able below:	
	en aged <b>10 years and unde</b> pletion of the information b	r are <u>not permitted</u> to leave exam premises elow is <b>mandatory</b> .
	one must complete the infor	d older who wish for the child not to leave mation below identifying who is authorised
When the child i presented to con	s collected by the perso	n/people listed <sup>1</sup> identification must be
	s collected by the perso	n/people listed ¹identification must be  Relationship to the child (i.e parent, carer, uncle etc)
presented to con	s collected by the perso firm identify.	Relationship to the child (i.e parent,
presented to con	s collected by the perso firm identify.	Relationship to the child (i.e parent,
presented to con	s collected by the perso firm identify.	Relationship to the child (i.e parent, carer, uncle etc)
Last Name  I (your name)	s collected by the perso firm identify.  First Name (s)	Relationship to the child (i.e parent, carer, uncle etc)
Last Name  I (your name)  confirm that the pe	s collected by the perso firm identify.  First Name (s)  erson/people listed are auth	Relationship to the child (i.e parent, carer, uncle etc)  hereby orised to collect (child's full name)
Last Name  I (your name)  confirm that the pe	s collected by the perso firm identify.  First Name (s)	Relationship to the child (i.e parent, carer, uncle etc)  hereby orised to collect (child's full name)
Last Name  I (your name)  confirm that the peters.  In case of emerger	s collected by the perso firm identify.  First Name (s)  erson/people listed are authors, please contact (insert n	Relationship to the child (i.e parent, carer, uncle etc)  hereby orised to collect (child's full name)
Last Name  I (your name)  confirm that the pertest/s.  In case of emerger	s collected by the perso firm identify.  First Name (s)  erson/people listed are authors, please contact (insert n	hereby orised to collect (child's full name) at the end of the ame of emergency contact) insert telephone number)

 $<sup>^{\</sup>rm 1}$  Acceptable forms of identification: drivers licence, passport, identification card, residence card, birth certificate

Date:/
<b>Privacy around how we use your data</b> The British Council respects and protects the privacy of people who use our registration systems. The information you provide when registering will not be used for any marketing purposes and will not be shared with any third parties.

 $<sup>^{\</sup>rm 1}$  Acceptable forms of identification: drivers licence, passport, identification card, residence card, birth certificate