

## Consent Proforma for Applicants who will be under the age of 18 on Commencement of their Programme of Study

To be completed by the parents/guardians of the applicant.

<b>Name of Applicant:</b>	
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<b>Date of Birth:</b>		<b>UB Number:</b>	
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<b>Programme of Study Applied for:</b>	
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1. I have read and understood the information from the University of Bradford outlining its procedures in relation to young people under the age of 18 (<https://www.bradford.ac.uk/about/safeguarding/under-18/>).
2. I agree to the above applicant both travelling to the UK (if applicable) and living independently in the UK.
3. I have provided the full name and contact details of the person living in the UK, who will act as guardian (if applicable) and who I confirm lives within 70 miles of the university.
4. I consent to the University of Bradford acting on medical advice in the best interests of the above applicant to authorise emergency medical treatment if it is not possible to contact the parent/guardian.
5. I understand that the University of Bradford is not *in loco parentis* and that in case of emergency the University will always endeavour to contact the parent/guardian of the above applicant while they remain a minor.
6. I agree to act as guarantor for any tuition fees, accommodation fees and any other sums incurred by the applicant and owed to the University until they becomes 18 years of age.
7. I understand that the above applicant must live with a family member or guardian, or, where university accommodation is required, in The Green, University of Bradford approved accommodation, whilst they are under the age of 18. For applicants living in The Green, parents/guardians should ensure they are familiar and comfortable with The Green's own under-18 policy which is separate to that of the University of Bradford. Only at the end of the years' tenancy, in which the above applicant turns 18, can they change to an alternate accommodation provider if they so wish.
8. I understand that University of Bradford is an adult environment and that the above applicant will generally be treated as an adult.

9. I understand that University of Bradford cannot release information relating to the above applicant's academic progression or personal life without their express consent.
10. If this is an international applicant, I agree to them making an application for permission to stay in the UK under the Student visa route.

If having considered all of the information you have been sent, you do not wish to permit the above applicant to participate in activities that students are normally expected to undertake, for example trips, fieldwork, laboratory work or placements, you must inform us immediately by contacting the Admissions Team on +4 (0)1274 236088 or email [admissions@bradford.ac.uk](mailto:admissions@bradford.ac.uk). Please note that this may affect their choice of programme of study.

**Please select whether you have joint parental responsibility or sole parental responsibility and complete the appropriate section:**

**Joint parental responsibility**

We confirm that we have joint parental responsibilities/been appointed guardians (delete as appropriate) of the above applicant.

**We ..... and ..... (state both parents names) Parents/Guardians (delete as appropriate) of the above applicant declare that we have read, understood and accept the terms and conditions above.**

Signed: ..... ..

Date: ..... ..  
(Each parent or legal guardian must sign)

**Sole parental responsibility:**

I confirm that I have sole parental responsibility/been appointed guardian (delete as appropriate) of the above applicant.

**Please provide proof of sole parental responsibility, such as sole proof of custody or other legal document to confirm this. This document should be uploaded with this consent form.**

I ..... Parent/Guardian (delete as appropriate) of the above applicant declare that I have read, understood and accept the terms and conditions above.

Signed: .....

Date: .....

## Emergency Contact Details:

In the unlikely event of an emergency involving the above applicant after they enrol at the University and before they reach the age of 18, please provide contact details below:

**Name:**

**Address:**

**Telephone (Home):**

**Telephone (Work):**

**Mobile phone:**

**Email:**

**The University 24-hour contact telephone number, if emergency contact is required with the above applicant or University, is +44 (0)1274 236999.**

## To be completed by parents/guardians living outside the UK only:

**If you live outside the UK** and the above young person will be under the age of 18 when they enrol on their programme of study, the University requires that you provide the contact details of a guardian based in the UK, who lives within 70 miles of the University (please see enclosed document "UK Guardians for International Applicants who are under the age of 18."). Please provide these details below (please note we must have a working email address and phone number to enrol the student):

**Name of UK Guardian:**

**Address:**

**Telephone Home:**

**Telephone Work:**

**Mobile phone:**

**Email:**

**The completed form should be returned to the Admissions Office, University of Bradford along with the completed UK Guardian form (where applicable). Please email to: [admissions@bradford.ac.uk](mailto:admissions@bradford.ac.uk).**

Please ensure you keep a copy of this form for your information.