



Headteacher
Debbie Smith B.Ed, NPQH

Sandhurst School

the opportunity to succeed

Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire GU47 0SD

Tel: (01344)775678

Fax: (01344) 771575

Website: www.sandhurst.bracknell-forest.sch.uk

E-mail: contactus@sandhurst.bracknell-forest.sch.uk

9th October 2018

Dear Parent/Carer

Re: Poetry Live London - 7th December 2018

The English Department are planning a visit to the Apollo Victoria Theatre in London, to see the annual Poetry Live event.

As you are aware 40% of the English literature qualification is based on poetry. Students study 15 poems from the AQA Poetry Anthology, Power and Conflict section and are also required to write an essay on two poems unseen until the day of the exam.

At the event a number of poets who feature in the anthology will recite their poems and discuss them before taking questions from the students.

Poets present at the event

- Simon Armitage, Oxford Professor of Poetry.
- Carol Ann Duffy, the Poet Laureate.
- John Agard the humorous and engaging performance poet and academic on Caribbean history.
- Imtiaz Dharker, Daljit Nagra, and Grace Nichols will read their work.

Two AQA Chief Examiners will also be present and they will discuss approaches to the exam and explain what examiners are looking for when awarding marks.

This event has always proved highly engaging and informative. The engagement with poets and their poetry helps to facilitate student learning and understanding. Writing about poetry has a positive impact on not only their grades at GCSE but their enjoyment of the subject, in school and onwards.

The cost of the visit is **£32.00**, which includes the transport by coach to the venue and the entry to the event. This can be paid by cash. Students will need to bring a packed lunch as food is unavailable at the venue and students will not be permitted to leave the theatre for the duration of the visit. They will also need to wear full school uniform. Please return the attached OHA2 medical form, reply slip and payment to the Finance Office by **Monday 29th October 2018**.

We will depart Sandhurst School at **8.45am** and return by approximately **4.30pm**.

If you have any questions, please contact me at school.

Yours sincerely

Mrs S Child
English Subject Leader



Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address

.....
PLEASE RETURN TO FINANCE OFFICE BY MONDAY 29TH OCTOBER 2018

Student Name: Tutor Group:

FOR OFFICIAL USE ONLY

I give permission for my son/daughter to take part in the visit to **Poetry Live, London on 7th December 2018**

I enclose: Completed **OHA2 - VISITS medical and consent form**
 Cost of **£32.00**

Payment Method - Please tick one: Cheque Cash Online (preferred) (date online payment made
...../...../2018)

Signed Parent/Carer



Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address

**BRACKNELL FOREST COUNCIL
CHILDREN, YOUNG PEOPLE AND LEARNING
MEDICAL AND CONSENT FORM**



IMPORTANT: This form must be completed by all adults, children & young people who are participating in the activity. For Participants under the age of 18 the form must be signed by their parent/carer. Participants over the age of 18, including adults and young people living independently should sign the form on behalf of themselves.

Establishment: (e.g. project, school, youth centre etc)
Sandhurst School, Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire, GU47 0SD
Tel: 01344-775678

Please provide the following details in respect of the PARTICIPANT:

Visit/Activity: Poetry Live, London **Date/s:** 7th December 2018

Full Name: Date of Birth:

Home address including post code:

Mobile Phone Number (if applicable): Date of last Tetanus Injection:

Participant's Doctor's contact details: NHS number:

Doctor's Name:

Address including post code:

Telephone:
Please give details of any medical conditions e.g. diabetes, epilepsy, allergies etc:

Please give details of all current medical treatment, including medication:

Special Dietary Requirements:

Please provide further information on separate sheets as necessary

CONT'D OVERLEAF

Please provide the following details in respect of the NEXT OF KIN:

Full Name: Telephone (including STD code):
Relationship to Participant Home:
(e.g. mother): Work:
How should they be contacted in an emergency? Mobile:
Home address:

Declaration of Consent

I acknowledge receipt of and understand the information about the proposed visit/activity. I undertake to inform the Group Leader of any changes in the fitness of the Participant prior to departure.

- 1. I consent to the above named Participant taking part in the activity/visit.**
- 2. I agree / do not agree (please delete as appropriate) that the staff on the activity can give permission for the Participant to have any medical treatment that medical authorities think necessary, including anaesthetic and blood transfusion. If agreement is not given the signatory/next of kin must undertake to be contactable at all times in the event of an emergency so that any responsibility for decisions affecting the participant can be made by the signatory/next of kin.**

Signed:..... **Date:**

Relationship to the Participant:

The information you have provided will be recorded on the Council's database that will only be used in the event of an emergency by the Council, the Offsite Visits Advisor and the Establishment. No information held on this database will be disclosed to outside organisations or third parties without your written consent, unless there is a legal requirement to do so.

To be completed by the PARTICIPANT if applicable:

I understand that for the safety of all participants in the group, I will agree to obey the rules and instructions of members of staff.

Signature of Participant:..... **Date:**.....