

Future You Registration Form - 2024/2025

If you have any questions about the Future You programme, or if you need assistance filling in the application form, please contact us by emailing neaco@admin.cam.ac.uk

Protecting your personal data is incredibly important to us.

By submitting this form, you will be sharing your personal data. For information on how we will use your data, who it may be shared with, your rights and who to contact if you have any questions or concerns please visit <u>takeyourplace.ac.uk/data-protection-information-for-students/</u> Future you is part of neaco's Take Your Place programme, we will use and store your data in order to get in touch with you by email to facilitate your involvement in the Future You programme and events related to this programme. If you would prefer we didn't contact you in this way, please contact us on the email address below.

Please contact <u>neaco@admin.cam.ac.uk</u> if you have any questions about how neaco use your data.

Section 1: Young person

First name			Last name			
Current postcode			Date of Birth (dd/mm/yyyy)			
Email addr	ess					
Gender	🗆 Male	🗆 Female	🗌 Other ge	nder identity	Prefer	not to say
What school year are you currently in?			🗆 Year 9	Year 10	🗆 Year 11	
🗌 Other (p	lease give detail	s)				
What is the	e name of the so	chool you atten	d?			
Please sele	ect any of the be	elow which app	ly to you:			
🗆 I am cur	rently under loca	al authority care				
🗌 I have pi	revious experien	ce of being in lo	cal authority ca	are		
🗆 I am see	eking asylum in t	he UK				
□ None of	the above					
What is the	e name of your l	ocal authority?				
Cambridgeshire County Council			🗆 Norfolk (County Council] Suffolk County Council
Peterborough City Council			Other			
I would like	e to sign up to th	ie Future You pi	rogramme for	2024/2025		
🗆 Yes plea	ase 🗆 N	lo thank you				
l am happy	to be sent info	rmation about f	uture events f	or the Future Yo	ou programr	ne
□ Yes	🗆 No					

Section 2: Your Guardian

We will need permission from an adult guardian for you provide details below so we can contact them.	to attend Future You events and activities. Please
We presume you will have checked that your guardian is	s happy to be named on this form and contacted by us.
Please tell us your guardian' s name:	
First name	Last name
Please describe this person's relationship to you (e.g	s. social worker, foster carer, key residential practitioner)
Their email address	
Their phone number	
Please provide your social worker 's details. If you have "as above".	already given them in the previous section please write
First name	Last name
Their email address	
Their phone number	
We may need to contact your designated teacher to ar Please enter their contact details below.	range events/trips that happen during school hours.
First name	Last name
Their email address	
Their phone number	

Thank you for completing this form. Please return it to neaco@admin.cam.ac.uk or post to: neaco, University of Cambridge, Student Services Centre, New Museums Site, Bene't Street, Cambridge, CB2 3PT.

If at any time you wish to find out more about your data or wish to withdraw your consent for us to use the images, please contact us at neaco@admin.cam.ac.uk

