**Consent Form**

**Course Title:**Click or tap here to enter text. **Training Provider:** Midlands Knowledge and Care Skills Ltd **Learner Name:** Click or tap here to enter text. **Date of Birth**: Click or tap to enter a date.

**Contact Information:**

Email: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

**Purpose of the Consent Form**

This consent form is designed to obtain your permission to participate in the courses and training offered by MKCS. It outlines the terms of your participation, including data collection, use of your personal information, and any media or recordings that may occur during the course and training.

**Terms and Conditions**

Course Participation

I understand that by signing this consent form, I am agreeing to participate in the Mandatory Training, Care Certificate, Medications training, Challenging behaviour training, MAPA Training, Health and social care Level 3, level4, level 5 and level 7 Diploma in health and social care management, and other relevant trainings and support.

I acknowledge that the course includes [describe course activities, e.g., lectures, practical exercises, assessments].

**Use of Personal Information**

I consent to the collection and use of my personal information for the purpose of course administration and communication.

I understand that my data will be stored securely and will not be shared with third parties without my consent, except as required by law.

**Media and Recordings**

I consent to the use of photographs, video recordings, and audio recordings taken during the course for educational and promotional purposes by Midlands Knowledge and Care Skills Ltd.

I understand that these media may be used in online platforms, printed materials, and other marketing channels.

If I do not wish to be recorded or photographed, I will inform the course coordinator prior to the start of the course.

**Health and Safety**

I agree to adhere to all health and safety guidelines provided during the course.

I will inform the course coordinator of any medical conditions or special requirements that may affect my participation.

**Code of Conduct**

I agree to follow the course’s code of conduct, which includes respectful behaviour towards instructors and fellow learners.

I understand that failure to adhere to the code of conduct may result in dismissal from the course without a refund.

**Liability Waiver**

I release MKCS from any liability for personal injury, property damage, or loss that may occur during the course, except where such liability is a result of negligence by the provider.

**Acknowledgment**

By signing this consent form, I acknowledge that I have read, understood, and agree to the terms and conditions outlined above. I also confirm that I am voluntarily participating in the above-mentioned course title and that all information provided is accurate to the best of my knowledge.

**Learner's Consent**

| Learner's Signature: Click or tap here to enter text. |  |
| --- | --- |
| Learner's Full Name: Click or tap here to enter text. |  |
| Date: Click or tap to enter a date. |