**SMBP INFORMATION FORM**

This form sets out some important points, which form conditions of your involvement in the SMBP work insight and skills programme (the “**Programme**”).

***1.Our Information***

During your time on the Programme you will have access to confidential information belonging to participating companies, professional service firms and professional sports clubs (the “**SMBP Partners**”). You must:

* not discuss or disclose any information you come across during or after your involvement in the Programme in relation to any of the SMBP Partners and/or their clients and/or customers; and
* not use any information you obtain during your involvement in the Programme for your own personal financial gain or that of your family and friends. This obligation extends, but is not limited, to you or a family member or friend being prohibited from using information to make a profit, or to inform any investment decisions you, or others you know, make. Misuse of confidential information in this way would not only be a breach of these conditions, it would potentially involve you committing an “insider dealing” criminal offence; and
* at the end of your involvement in the Programme, return all documents and records (including correspondence, documents and lists of clients, customers and other entities which may have been prepared by you or have come into your possession) and not keep copies in any form.

These conditions apply both during and after your involvement in the Programme.

**Please confirm your agreement to the above conditions by signing the attached duplicate.**

Name: ……………………………………………………………………….

School: ……………………………………………………………………….

Signature: ……………………………………………………………………….

Date: ……………………………………………………………………….

***2. Your information***

We will require personal information from you that we will need to share with the SMBP Partners so that we can prepare for your involvement in the Programme and address any particular requirements you may have (e.g. any specific dietary, access, or religious requirements). The information we require from you is as follows, please fill in the boxes below:

|  |  |
| --- | --- |
| Name: |  |
| Gender: |  |
| Ethnicity: |  |
| Email address: |  |
| First Generation Uni: | Yes/No - delete as applicable |
| Carer: | Yes/No - delete as applicable |
| Disability: | Yes/No - delete as applicable |
| Dietary requirements: |  |
| Religious Requirements: |  |
| Medical information (including allergies): |  |
| Access requirements: |  |
| Emergency contact name: |  |
| Emergency contact number: |  |
| Area of residence: |  |
| Preferred travel method (e.g. train, bus, etc.): |  |
| School name and postcode: |  |
| Career aspirations: |  |
| Subscribe to SMBP recruitment opportunities to hear about employment opportunities from our Partners: |  |

**3. Consent to use your information**

If you wish to hear about further SMBP activities or further work experience and/or employment opportunities offered by SMBP Partners (“**SMBP Alumni Opportunities**”) we will need to use Your Information and/or share it with SMBP Partners:

|  |  |
| --- | --- |
| I consent to the use by SMBP or its contractors and/or sharing my personal data with SMBP Partners for the purpose of bringing SMBP Alumni Opportunities to my attention (please tick to confirm consent) |  |

|  |  |
| --- | --- |
| I consent to sharing my personal data with the SMBP Partners for the purpose of organising the SMBP Work Insight and Skills Week (please tick to confirm consent) |  |

**PLEASE NOTE THAT IF YOU DO NOT CONSENT TO THE SHARING OF YOUR INFORMATION WITH THE SMBP PARTNERS FOR THE PURPOSE OF ORGANISATION OF THE WORK INSIGHT AND SKILLS WEEK YOU WILL NOT BE ABLE TO TAKE PART IN THE WEEK AS IT WILL NOT BE POSSIBLE FOR THE SMBP TO PREPARE FOR YOUR PARTICIPATION WITHOUT THIS INFORMATION.**

Name: …………………………………………………………………….

School: ……………………………………………………………………

Signature: …………………………………………………………………

Date: ……………………………………………………………………….