

Derek Fatchett
City Learning Centre
Summer
Courses 2013



Courses at DFC This Summer

Times for all courses: 10am - 3pm

Music Video

(£40/Free concessions)

Interested in making a music video? Enjoy playing an instrument or singing in a band? Battle of the Bands enables you to work in a group to produce your own track and music video.



Monday - Thursday
29th July - 1st August

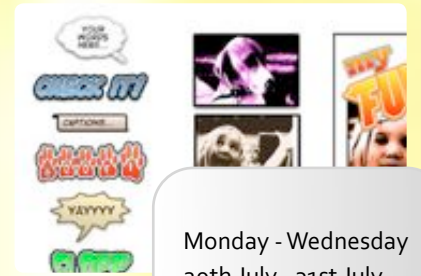
Age 13+

Limited spaces

Creating Comic Books

(£30/Free concessions)

During this project, you will design and create a comic book about a superhero. You will take photos, edit them in Photoshop and create your very own comic in Comic Life.



Monday - Wednesday
29th July - 31st July

Age 7 - 12

12 spaces

Horror Film

(£40/Free concessions)

This exciting summer project enables students to work as part of a film crew and produce their own Horror Movie, complete with special effects.



Monday - Thursday
5th August - 8th August

Age 11 - 16

12 spaces

Courses at DFC This Summer

Times for all courses: 10am - 3pm

Animation

(£40/Free concessions)

During this project you will learn about animation types and create a short animation using claymation, like in Wallace and Gromit.



Monday - Thursday
12th August - 15th
August

Age 11+

12 spaces

Horrid Histories

(£40/Free concessions)

In this summer school we will be filming a variety of sketches from the Horrible Histories TV series. You will get experience using professional cameras, lighting, green screen equipment and editing software.



Monday - Thursday
19th August - 22nd
August

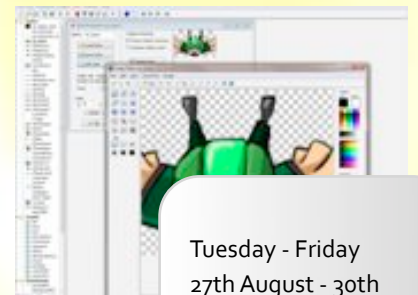
Age 9 - 12

8 spaces

Game Maker

(£40/Free concessions)

In this course you will learn how to create 2D games using GameMaker. You will create a variety of 2D games that you can then take home with you and share with your family and friends.



Tuesday - Friday
27th August - 30th
August

Age 11+

12 spaces

If you would like to apply for a place on any of these courses, fill in the application form and return it to the **Derek Fatchett City Learning Centre, Bedford Field, Woodhouse Cliff, Leeds LS6 2LG**

Cheques payable to **Leeds City Council**

For more information contact us on **0113 288 3540** or email: dfc@leedslearning.net

Class/Project Enrolling on:

Once this form is completed student details will be entered and stored in a secure database system and used for future courses and projects. Therefore if students wish to take part in more than one course/project, they only need to register once and then enrol their name on as many courses or projects as they wish. Confirmation letters will always be sent to parents/carers to ensure they are aware of which projects their child has enrolled on. The information will be kept for a maximum of 5 years.

Name of Student:	Date of Birth:
Address:	Postcode:
School:	Class and Year Group:
Name of Carer and relationship to child:	Contact Numbers:
Alternative Emergency Contact Name and relationship to child:	Alternative Emergency Contact Number:
GP's name, Doctor's surgery and telephone number:	
Details of any Medical Conditions – please give precise details about medication/allergies/dietary requirements/contagious or infectious diseases:	

Photography, Off-site Lunch, Short Trip and Field Trip Consents

In accordance with Leeds City Council policy, we would like to ask your permission to use any photographs or images taken of your child by the CLC. Examples of where we might want to use these photographs include information leaflets, newsletters, authorised websites, DVD show reels of students work etc.

I DO NOT CONSENT I CONSENT

I agree that my son/daughter may go off-site during their lunchtimes at the CLC.

I DO NOT CONSENT I CONSENT

I agree that my son/daughter has permission to go off-site for short walking field trips (3-2 miles) as part of their course.

I DO NOT CONSENT I CONSENT

I consent to my son/daughter going on longer field trips as part of their course. I understand that I will be informed prior to trips and that a risk assessment will be available upon request.

I DO NOT CONSENT I CONSENT

Background Information

The following information is used to help Leeds City Council meet the needs of all young people.

Please tick the relevant box:

Chinese or Other Ethnicity	Unknown
Chinese <input type="checkbox"/>	Unknown <input type="checkbox"/>
Other Ethnic Group <input type="checkbox"/>	No Comment <input type="checkbox"/>

Asian or Asian British	Mixed	White	Black or Black British
Bangladeshi <input type="checkbox"/>	Black African & White <input type="checkbox"/>	White British <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Indian <input type="checkbox"/>	Black Caribbean & White <input type="checkbox"/>	White Irish <input type="checkbox"/>	Black African <input type="checkbox"/>
Kashmiri Pakistan <input type="checkbox"/>	Asian & White <input type="checkbox"/>	Traveller Heritage <input type="checkbox"/>	Other Black Group <input type="checkbox"/>
Kashmiri Other <input type="checkbox"/>	Other Mixed Group <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/>	
Other Pakistan <input type="checkbox"/>		Other White Group <input type="checkbox"/>	
Other Asian Group <input type="checkbox"/>			

Please tick any box which describes any special needs your child may have:

Have a visual impairment <input type="checkbox"/>	Have or may have mental health difficulties <input type="checkbox"/>	Use a wheelchair <input type="checkbox"/>
Have a hearing impairment <input type="checkbox"/>	Have or may have learning difficulties <input type="checkbox"/>	Other please specify: <input type="checkbox"/>

Declaration

- I agree to my son/daughter receiving medication as instructed and any emergency dental, medical, or other surgical treatment, including anaesthetic, or blood transfusion, as considered necessary by the medical authorities present.
- I have read the above information regarding photographs and videos, off-site lunches, short trips and field trips.
- I am happy to receive further information about courses and projects at Leeds City Learning Centres.

Parent's/Carer's Name (PLEASE PRINT):	Parent's/Carer's Signature:	Date:
Child's Name (PLEASE PRINT):	Child's Signature (if over 12):	Date:



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