

# ECU Project "*Changing the Story*"



Tuesday 2<sup>nd</sup> May 2017 / Tuesday 11<sup>th</sup>  
July 2017. Every Tuesday, 6:00pm-  
7:30pm

**Burnley College**

**Princess Way, Burnley BB12**

**0AN**

**3G pitches**

Contact: [pwilkinson5@uclan.ac.uk](mailto:pwilkinson5@uclan.ac.uk)

# ECU Project (“*Changing the Story*”)

## **Vision and Purpose**

I would like to invite you to take part in this research, ECU Project (“*Changing the Story*”). We will be conducting football activities for a duration of 11 weeks at Burnley College. The University of Central Lancashire seeks to work together with community stakeholders and families in developing interventions that challenge commonly perceived views of higher education. Creating a culture where higher education is viewed in terms of benefits rather than barriers.

The idea is using football (a universal language) as the key agent in gaining access to people as well as engaging them within the project, the ECU project is collaborating with Burnley FC and a tour of the stadium has been organised once the project is completed as well as staff from Burnley FC coming along and doing some structured training sessions. The project runs for 11 weeks every Tuesday from 6:00pm till 7:30pm.

## **PPE Required (Personal Protective Equipment)**

- Footwear (Astroturf, 3G Pitches)
- Shin Pads/Ankle protectors
- Socks
- Appropriate clothing e.g. Hat, Gloves, jacket (weather dependant)
- Water bottle
- Football kit bags

Please ensure you bring the correct PPE or unfortunately you will not be able to take part on the day due to health and safety risks. Can willing participants please fill the forms as soon as possible and return to C113 first floor UCLAN or alternatively email them to: [pwilkinson5@uclan.ac.uk](mailto:pwilkinson5@uclan.ac.uk).



## **ECU Project “*Changing the Story*”**

### **CODE OF CONDUCT**

**Participants will be required to adhere to the following code of conduct:**

1. You must not leave the site without permission from the ECU Project organisers.
2. Smoking must be kept to designated areas.
3. Alcohol and illegal substances are banned at the conference.
4. Racist, sexist, and homophobic behaviour is not tolerated.
5. Organisers will **not** provide participants with medication, cigarettes or money.
6. The ECU Project runs to a tight schedule and it is important that the timetable is adhered to.
7. Aggressive behaviour to other participants will not be tolerated.
8. Agree to support the designated group leaders and treat them with respect.
9. Report all accidents or incidents to the group leaders immediately.
10. Keep the facilities clean and tidy and treat the organisers with courtesy.

I agree to abide by the code of conduct and understand that if the code of conduct is broken, I will be asked to leave.

Signed:

Date:

# VOLUNTEERING AND COMMUNITY ACTION MEDICAL FORM (ECU Project)



**To comply with Health and Safety requirements, we are obliged to ask you to complete a medical form. Please note that the information you give will be treated in the strictest confidence.**

**Notes** to help you complete the form and help us to provide you with the suitable support and induction:

- please try to provide as many details as possible when completing the sections
- if you need help filling in this form then contact the Volunteering Team on 01772 893662

Name of Volunteer:	
Project Name:	Date:
Address:	Phone no:
	Mobile:
Name of emergency contact:	Phone no:
	Mobile:
Relationship to volunteer:	
Do you have any health problems you feel that we should know about? If so, please give details.	
Are you currently taking any prescribed medication? If so, please give details.	
Do you have any allergies or require a special diet? If so, please give details (e.g. vegetarian)	
Name of G.P.	
Address:	Telephone no:

Signed..... Date.....

Name.....

# Volunteering and Community Action ECU Project “*Changing the Story*”



## Photo/Recording Consent Form

**This form is to ensure that we have your permission to use images/recordings of you taken during the ECU Project.**

**Notes** to help you complete the registration form and help us to provide you with the suitable support and induction:

- Please try to provide as many details as possible when completing the sections
- If you need help filling in this form, then contact the Team on 01772 893662

Name of Participants:	Date of Birth:
	Age:

*I consent that the Centre for Volunteering and Community Leadership can take photographs/recordings during the project and use them at any time. I understand that the images/recordings will solely be used for the purpose of the ECU Project “Changing the Story”.*

<b>Participants Signature:</b>	
<b>Date:</b>	

## Volunteer Equal Opportunities Form

To help us with our equal opportunities policy and for monitoring purposes we are obliged to ask you the following questions. *Please note that the information you give will be treated in the strictest confidence.*

Please tick which grouping best describes you:					
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Black Caribbean & White	<input type="checkbox"/>	Black African & White	<input type="checkbox"/>	Other Dual Heritage Background	<input type="checkbox"/>
Roma	<input type="checkbox"/>	Traveller	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Please tick which grouping applies to you: (you do not have to answer this question, it just helps us to make sure we work with young people from all backgrounds and helps us to access funding to support these groups. This is in confidence and your identity will not be revealed )					
Low income background	<input type="checkbox"/>	In or Leaving Care	<input type="checkbox"/>	Young Parent	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Refugee or Asylum Seeker	<input type="checkbox"/>	Lone Parent	<input type="checkbox"/>
Offender	<input type="checkbox"/>	Substance user	<input type="checkbox"/>	Young Carer	<input type="checkbox"/>
Ex-Offender	<input type="checkbox"/>	Alcohol user	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

Please tick which grouping applies to you: (you do not have to answer this question, it just helps us to make sure we work with young people from all backgrounds and helps us to access funding to support these groups. This is in confidence and your identity will not be revealed. )					
Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Transsexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

This form will be used/kept in a Confidential and Safe manner and information will only be used for management information and monitoring purposes.

**Thank you for your co-operation!**