

Name of Student:

Abbreviation of  
School Name:

## Nanyang Research Programme (NRP) Consent Form

Please complete all sections and submit the NRP Consent Form to your NRP Teacher Coordinator by the stipulated deadline.

### SECTION A - ACCEPTANCE

I have submitted the NRP e-Acceptance Form, agreed to the points listed, and accepted NTU's offer for a Nanyang Research Programme (NRP) project.

Project Code : \_\_\_\_\_

Project Title : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SECTION B - EMERGENCY CONTACT

You have provided us with your emergency contact details during the application. Are there any changes?

- Yes, I need to amend the emergency contact details (Fill in the fields below).  
 No, an amendment is not required (Proceed to the next section).

In the event of an emergency, please contact:

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Name of Student:

**Sections C and D are to be completed by the Parent/Guardian.**

**SECTION C - HEALTH DECLARATION**

1. Does your child/ward have any of the following conditions?

	<u>Yes</u>	<u>No</u>	
Drug/Food Allergy	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing/Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Special Educational Needs	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	If 'Yes', please specify: _____

2. If you have answered 'Yes' to any of the conditions listed above, please provide us with more details and state whether there is anything related to the condition(s).

**SECTION D - PARENTAL CONSENT**

1. I understand that my child/ward is participating in Nanyang Research Programme (NRP) at Nanyang Technological University (NTU) between April and March of the following year.
2. I understand that my child/ward needs to submit the Progress Report, Research Paper, and Research Log, by the stipulated deadlines and to present during the Oral Presentation Assessment in late February/early March of the following year.
3. If my child/ward wishes to withdraw from NRP, his/her withdrawal must be supported with a formal written letter of explanation from his/her school. The letter of explanation from the school will require his/her Principal's or a relevant HOD's endorsement.
4. I agree that NTU may collect, use, and/or disclose my child/ward's personal data in accordance with NTU Personal Privacy Statement and Consent by Student Applicants (<https://ebook.ntu.edu.sg/ntu-personal-privacy-statement-and-consent-by-student-applicants.html>).
5. I am aware that my child/ward will have to cooperate fully with NTU Staff and its representatives/agents, and will diligently comply with all safety regulations as stipulated/communicated by the University, its representatives and agents. I shall therefore not hold NTU, its staff and its representatives/agents responsible for any damage or loss of property or any injury or loss of life which may be sustained by my child/ward during the course of the NRP, where such damage or loss of property or any injury or loss of life is not caused by the negligence or wilful act or omission of NTU, its staff or its representatives/agents.
6. I consent to my child/ward accepting NTU's offer of the NRP project.

\_\_\_\_\_  
Name of Parent/Guardian \*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Delete where appropriate