**Young Person Details**

|  |  |
| --- | --- |
| **Young Person’s Name:** |  |
| **Age:** |  |
| **Date of Birth:** |  |
| **School:** |  |
| **Year Group:** |  |
| **Nationality:** |  |
| **Address:**  **(inc. Postcode)** |  |

**Does the young person identify as having SEND?** (Special Educational Needs and/or Disabilities)

Please delete as appropriate: YES NO

**If yes, what support / adaptations would be needed?**

**Does the young person have any medical conditions, allergies, or take any medication?**

Please delete as appropriate: YES NO

**Please note, we are unable to administer medication to young people. Inhalers and epi-pens should always be kept with the young person.**

**If yes, please supply details below:**

Relevant Medical Details:

**Parent / Guardian Details**

|  |  |
| --- | --- |
| **Booking Name:** |  |
| **Parent/Guardian Name:** |  |
| **Contact Number:** |  |
| **Email:** |  |
| **Address:**  **(inc. Postcode)** |  |

**EMERGENCY CONTACT 1**

|  |  |
| --- | --- |
| **NAME:** |  |
| **Contact Number:** |  |
| **Relationship to Young Person:** |  |

**EMERGENCY CONTACT 2**

|  |  |
| --- | --- |
| **NAME:** |  |
| **Contact Number:** |  |
| **Relationship to Young Person:** |  |

**How will the young person be travelling to and from The Core?**

**Will they be travelling by themselves, or will they be collected? If so, by whom?**

**Media Information**

**PART ONE**

We sometimes film the final performance, and share a download link with parents/guardians, following the event. This is **only** shared with the parents of the young people involved.

**Are you happy for us to share the completed film with the other participants?**

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| --- |
|  |

I have read and understood this form and give consent for video footage to be shared with other participants.

|  |
| --- |
|  |

I have read and understood this form and **DO NOT** give consent for video footage to be shared with other participants.

***Please note, all parents/guardians must agree in order for the film to be shared.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Media Information**

**PART TWO**

The Core (Solihull Council) would like to film/take photographs of your child for promotional purposes at the workshop.

These images/videos will only be used to promote this activity and positive cultural activity in the borough, they may appear for use in any of the following:

Printed Publications & Marketing Materials | Promotional DVDs/Videos | The Solihull Council, The Core, and Culture Solihull websites and social media accounts |Local & National Newspapers and their websites | Social media

Under the Data Protection Act 1998, we need your permission before we take and use any images.

|  |
| --- |
|  |

I have read and understood this form and give consent for images to be used by Solihull Council as indicated above.

|  |
| --- |
|  |

I have read and understood this form and **DO NOT** give consent for images to be used by Solihull Council as indicated above (PART TWO ONLY)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Data Protection Statement

The details on this paper form are held in a folder in Box Office for the duration of the course and may be shared with external staff leading sessions

Information supplied will be subject to GDPR rules and treated with strict confidence. Forms will be disposed of responsibly at the end of the day and cannot be re-used for future courses in case the details have changed.

Please sign to confirm you have read and understood the arrangements and terms of this workshop relating to health, lunches, publicity, and data protection.

I have read & understood these arrangements:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_