

When filled-in, this form contains Personally Identifiable Information and must be appropriately protected



standrews&allsaints

Partnering with God in the flourishing of our communities

St Andrew's is Registered Charity Number 1128973. All Saints is an Exempted Charity.

www.standrewsandallsaints.org

Ver 2.0
July 2018

Young Person Consent Form for St Andrew's and All Saints, Malvern

I give permission for (name of young person): _____
to take part in a range of young people's activities at either St Andrew's or All Saints.

I understand that while involved he/she will be under the control and care of adults approved by the churches leadership and that, while the person in charge of the group will take all reasonable care of the young people, they cannot be held responsible for any loss, damage or injury suffered during, or as a result of, the activity.

Your privacy is important to us, but we want to be able to communicate with you in a way which has your consent. Please fill in the contact details below that you want us to use to communicate with you. We would also like your permission to appropriately be able to take and use your child's photograph and to include your child's name (alongside you're your own particulars) in the published church directory.

By completing this form and signing it you are confirming that you are consenting to St Andrew's and All Saints, Malvern holding and processing your personal data for the following purposes (please tick all the boxes where you grant consent - *note you can unsubscribe at any time, see below*).

- In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by a first-aider. In an emergency and if I cannot be contacted as indicated, I am willing for the young person named above to receive dental or hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
- I consent to the churches contacting us as indicated below to keep us informed about news, events, activities and services relevant to young people at St Andrew's and All Saints and other churches and related organisations in the area.
- I consent to my child's name being included (alongside my particulars) in the church directory.
- I give permission for the child's photograph to be taken and used for church publicity purposes.

I confirm that the details given overleaf are complete and correct to the best of my knowledge.

Signed: _____ Date: _____

Print name: _____

Relationship to young person: _____
(must be parent or legal guardian)

Contact information _____
(Name, address, e-mail and phone number please)

You can grant consent to all, some or none of the purposes. Where you do not grant consent we will not be able to use your personal data; except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Team Office (see below).

You can withdraw or change your consent at any time by contacting the Team Administrators (e-mail administrators@standrewsandallsaints.org, telephone 01684 576582, or write to Team Office, St Andrew's Church Centre, Churchdown Road, Malvern, Worcestershire WR14 3JX) . Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

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Young Person's Details

This information is required if the Young person is involved in any young people's activities
This information will be used by the Young People's Leaders as necessary. Please use one form per young person

| | |
|---|---|
| Group(s) or Activity(s): Young people's activities connected with either St Andrew's or All Saints | |
| Name of child: | Date of Birth: |
| Address: | Phone number(s): |
| 1. Emergency Contact (Name, relationship, Phone no.) | 2. Emergency Contact (Name, relationship, Phone no.) |
| Name of Child's Doctor: | Address & Phone no. of Doctor: |
| Details of any medical condition & treatment: | Details of any allergies: |
| Details of any special educational needs: | Any other relevant information (e.g. dietary requirements): |
| Please note: It is the parent's / legal guardian's responsibility to keep the churches informed of any change to the above details. To do so, please contact Team Administrators as indicated overleaf. Please turn over, complete and sign the other side of this form. | |

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