

CONSENT FORM

- ✓ TO TAKE PART IN A CHILDREN IN SCOTLAND PROJECT
- ✓ RETAIN PERSONAL DATA PROVIDED ON THIS FORM



Name of project: Nurturing Talent Fund: New Routes

Date:

Your name	
Contact phone number	
Contact email address	
Address (this will only be used to post out any project information to you)	
Your date of birth	

After you have read the information sheet, please tick the boxes (double click on the box if you're on a computer) to show that you understand and would like to take part.

Please be aware that that you can update us at any point if your information changes.

If you are under 16, we also need your parent/carer to sign this consent form.

Taking part

I have read and understood the information sheet and would like to take part in the <i>Nurturing Talent Fund: New Routes</i> project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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You can change your mind and stop taking part in the project at any point.

Photos and Voices

I understand that by taking part in this project, my views will be recorded and shared by Children in Scotland in reports, websites and social media related to the project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you don't give us permission to use your name, we won't.	
I am happy for photographs and film of me taken during the project to be used by Children in Scotland in reports, websites and social media.	<input type="checkbox"/> Yes <input type="checkbox"/> No

My Name

I am happy to be identified by my first name as someone who takes part in the <i>Nurturing Talent Fund: New Routes</i> project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(You can still take part in the project even if you don't want us to tell people your name)

WE WANT TO MAKE SURE THAT YOU FEEL WELCOME AND COMFORTABLE TO TAKE PART

<p>Do you have any additional support needs you'd like us to know about (physical or learning disability, mental health issues, low confidence, difficulties with communication, things you find it hard to talk about)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>This information will help us to make sure project the sessions are fully inclusive.</p>	Details:
<p>Is there anything extra we can do to make sure that you can come along and participate fully?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>This could include ideas about how we run the session to support with technology to join online sessions.</p>	Details:
<p>If you practice a religion, please tell us if there's anything connected to taking part in the event that we should know about.</p>	Details:

IN THE EVENT OF EMERGENCY

Emergency contacts (please provide two)	
<p>Name 1:</p> <p>Relationship to you:</p> <p>Phone number:</p>	<p>Name 2:</p> <p>Relationship to you:</p> <p>Phone number:</p>

CONSENT

By completing and signing this form, you are consenting to Children in Scotland storing the data you have provided on this form and contacting you/ your child about future opportunities. Please read the information sheet for full details. For more information about our Privacy Policy, go to childreninscotland.org.uk/privacy-policy

My Consent	If you are under 16, a parent/carer must give their consent below.
Name:	Parent/carer name:
Signature:	Relationship to young person:
Date:	Signature:
	Date: