

**- Consent Form for Child Participant -**

***EVENT: add title***

*Date :*

*Where :*



**Please kindly send this consent form back to (name) at (e-mail) by (date).**

* Find out more about the consultation taking place here: add link/information

**Consent of Child Participant**

 **Name of the event:**

**Date of the event:**

**Location of the event:**

**Your full name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your date of birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The full name of a parent/legal guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Their relationship to you:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick if you agree:**

**Participation and safeguarding**

☐ I have been given background information about the activity, I understand what the activity it is about, what will happen and my role during the event.

☐ I understand that if I wish to, I can contact the organisers throughout the activity to discuss with them anything related to it.

☐ I understand that participation in this activity is on voluntary basis and that I can stop my involvement in the event without any needed justification and at any time.

☐ I understand that if I desire, I can have an accompanying adult to support me in my participation.

☐ I understand that the priority of the event is to keep children safe and that if I have any concerns about my or another child’s safety, I can speak to an adult I trust or I can contact the Child Safeguarding Focal Point for the activity.

☐  I understand that this Child Participation and Safegurding Policy and Procedure apply during the event.

**Privacy and communications**

**If you say no for any of the questions below it will not risk your participation in the activity. We will take steps, within our ability, to make sure that no one takes a picture or video of you and none of your image or recording is used by anyone.**

Are you comfortable that your first name, country of origin and age is shared with all participants?

☐ YES ☐ NO

Do you agree that the organisers take pictures, audio or video recording of you during the conference?

☐ YES ☐ NO

Do you agree that any image, audio or video segment of you made during the conference can be used by the organiser:

- in newspapers, books, reports and leaflets? ☐ YES ☐ NO

- on electronic media, including social media and on the internet? ☐ YES ☐ NO

☐ I understand that the organisers may take note of and use some of the information, statements or other contributions made by me without mentioning my name or any other information that would allow people to recognise me. The purpose to use this information can be to inform public reports or communications about the conference, and to promote the work of the organisations on their website and/or social media.

☐ I understand that any data or personal information held about me will only be available to the organisers and held on password protected computers. After the project, only my first name and contact detail will be kept on record, which will be destroyed five years after the project is closed.

**Date and location: Signature of the child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of a parent/guardian: Signature of a supporting organisation (if possible):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**The chaperone/legal guardian/supporting organization may be the same person.*