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Contains Art, East Quay, Watchet, Somerset, TA23 0AQ

**Studio Digital Application & Parent/Guardian Consent Form**

I want to be part of Studio Digital because: ……………………………………………………………………………………………

 ………………………………………………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………………………….

 …………………………………………………………………………………………………………………………………………………………….

Parent name: ……………………………………………………………………………………………………………………………………...

Child’s full name: …………………………………………………………………………………………………………………………………

Child’s Age: ………………………………………………………………………………………………………………………….................

Child’s Year: ………………………………………………………………………………………………………………………………………..

Child’s School (where applicable): ………………………………………………………………………………………………………

Home Address: ……………………………………………………………………………………………………………………………………

Parent’s contact telephone number…………………………………………………………………………………………………….

Child’s Mobile number (where applicable) ………………………………………………………………………………………….

Emergency contact name & relationship to child ……………………………………………………………………………….

Emergency Contact number (different to above): …..…………………………………………………………………………

Dietary requirements of attending child…………………………………………………………………………………………….

Allergies of attending child………………………………………………………………………………………………………………….

Does your child have any medical or individual needs? Yes/No (please delete)

If yes, please state ………………………………………………...................................................................................

Are there any strategies that are in place for your child at school that would help support and enhance their Studio Digital experience?

 …………………………………………………………………………………………………………………………………………………………..

Medication that we should be aware of in relation to attending child………………………………………………..

……………………………………………………………………………………...........................................................................

**Consent**

I (please print parent/guardian’s name) ………………………………………………………………………………………………

Give consent for my child……………………………………………………………………………to attend the Studio Digital studio workshop sessions.

I have read the details above and understand the activities my child will be participating in.

I consent to the storing and use of my child’s personal/contact data as necessary. 🞎

Please note if your child id 14 or over, we ask for their explicit permission as required by data law

I consent for photos and film to be taken of my child 🞎

I consent for use of photos of my child on Contains Art and Studio Digital social media channels including Facebook, Instagram and Twitter 🞎

Signature of Parent/Guardian………………………………………………………………………………

Signature of child if over 16 years old…………………………………………………………………

**Data Protection**

***We promise never to share or sell your information to other organisations or businesses and you can opt out of our communications at any time by telephoning 01984 633496, writing to Contains Art CIC, Harbour Studios, Harbour Road, Watchet, Somerset, TA23 0AQ or by sending an email to jon@containsart.co.uk***

***To read our policies please follow this link to our website*** [***https://www.containsart.co.uk/policies***](https://www.containsart.co.uk/policies)

**Contact preferences and consent**

|  |  |
| --- | --- |
| Parent’s Name |  |
| Parent’s email address |  |
| Parent’s phone number |  |
| Preferred method of contact ie phone, email etc |  |

I consent for Studio Digital and Contains Art to contact my child individually via phone if required 🞎

Signature of parent/guardian ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of child if over 14 years old \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your support and if you have any questions in the meantime please don’t hesitate to contact us at: cat@containsart.co.uk or call our Contains Art number on 01984 633496.