

Our Vision: A *Community* where everyone has choice and the opportunity to improve their lives

PERSONAL INFORMATION AND CONSENT FORM

Thank you for taking part in our Foundation of Light programme. Please complete this form and return it to your course tutor/coach before taking part. Please see Appendix 1 or www.foundationoflight.co.uk/gdpr-your-rights/ for our Data Protection Statement.

Activity/course _____

Venue _____

Activity Dates _____

Please note that any consent given on this form, relates only to the activity/course stated above.

Section A: Participant's Personal Information

Please note that only individuals with parental responsibility can give consent on behalf of their child.

If you are completing this form on behalf of your child, please tick here:

Participant's Name _____ **DoB** _____

Address _____

Telephone (Daytime) _____ (Evening) _____

Parent's Name (if participant is under 18) _____

Email (Parent's/Carer's if participant is under 18) _____

Emergency Contacts: Please provide two alternative contacts in case of emergency:

Name _____ **Contact Number** _____

Section B: Photography/Video Consent

The Foundation of Light may sometimes take photographs/videos of participants which may be used on: Social Media including Facebook, Twitter, Instagram, LinkedIn, YouTube; newspapers, television, radio, podcasts, both locally and nationally; websites (Foundation of Light, Beacon of Light, SAFC); leaflets, posters and flyers used to publicise our activities; corporate literature including funder reports and/or presentations.

Do you consent to images of the participant named above to be used for these purposes?

I consent I do not consent

Section C: Contact Preferences

From time to time the Foundation of Light may wish to contact participants after they have left the course/project.

I consent I do not consent

How would you like this contact to be made?

Post Telephone Email

Section D: Medical Information

I understand that it is the participant's responsibility (or parent's/carer's if the participant is under 18) to inform staff of any medical condition that could cause an increased risk while taking part in this activity. I understand that staff cannot be held liable for any injury sustained by the participant whilst taking part in the activity stated above:

I understand and agree

Please outline any condition we need to be aware of, e.g. asthma, visual/hearing impairment, joint problems (this list is not exhaustive)

Please outline any medication used by the participant that staff need to be aware of:

Foundation of Light staff are unable to administer medication to participants. If medication is required during the activity, it is the responsibility of the participant (or parent/carer if the participant is under 18) to make provisions for medication to be taken.

I understand and agree

Section E: Additional Information

Is there any other information that the Foundation of Light need to be made aware of in order to maintain safeguarding and/or health and safety standards? This may include unspent criminal convictions (see Appendix 2), substance misuse, some health conditions not outlined above:

Yes No

If Yes, an appropriate member of staff will contact you to discuss the details.

Confirmation

Signature _____

Date _____

Appendix 1: Data Protection Statement

The Foundation of Light takes Data Protection very seriously and ensures compliance with the General Data Protection Regulation (GDPR) 2018. All data is requested, used and stored in line with the Foundation of Light Record of Processing Activities that can be found on the Foundation of Light website. Data is never shared with outside parties for sales purposes.

Under the Right to be Forgotten element of GDPR, individuals can request that the Foundation of Light deletes records relating to them where the personal information held is no longer required for legitimate business need, legal or regulatory obligation or the purpose it was originally collected for. The Foundation of Light can refuse requests to delete personal data in line with the above. For example, data pertaining to a safeguarding concern, will not be deleted, even when requests for deletion have been made.

The Foundation of Light retains photographs/videos for two years.

For further information see http://_____.

Appendix 2: Spent and unspent convictions

Sentence	Rehab Period (aged under 18 when convicted)	Rehab Period (aged 18 or over when convicted)
Prison sentence over 4 years	Never spent	Never spent
Prison sentence of 2½ years to 4 years	Sentence + 3½ years	Sentence + 7 years
Prison sentence of more than 6 months to 2½ years	Sentence + 2 years	Sentence + 4 years
Prison sentence of 6 months or less	Sentence + 18 months	Sentence + 2 years
Community Service Order (Probation)	6 months	1 year
Fines	6 months	1 year
Absolute Discharge	Spent immediately	Spent immediately

