

Attendee name: _____ Age: _____

Gender: Male ☐ Female ☐ Other ☐ (Please specify): _____

Prefer not to say ☐

Parent / guardian name: _____

Address & postcode: _____

Emergency contact number(s): _____

Does your child have any medical conditions / illnesses / allergies that we should be aware of?

Yes ☐ No ☐ If yes, please give details: _____

Is your child taking any medication? Yes ☐ No ☐

If yes, please give details, including whether or not they can self-administer the medication: _____

I consent to my child receiving emergency medical / surgical / dental treatment as considered necessary by the medical authorities present: Yes ☐ No ☐

Does your child have any disabilities or additional support needs that we should be aware of?

Yes ☐ No ☐ If yes, please give details: _____

Workshop(s) / class(es) being attended

1. _____ Age group: _____ 2. _____ Age group: _____

3. _____ Age group: _____ 4. _____ Age group: _____

☐ I will collect my child at the end of the workshop / class
(child will remain in the building, supervised by staff until collected)

☐ My child will make their own way home at the end of the workshop / class

A new information & consent form will be issued annually. If any of the information recorded on this form changes in the meantime please contact the Tolbooth on 01786 274 000

Parent / guardian signature: _____

Date: __ / __ / ____

Consent (Under 12s to be completed by parent/guardian, over 12s can self-complete)

I consent to (my child) being featured in photographs and videos used for the following evaluation and promotion purposes:

Social Media (Facebook/Instagram/Twitter etc) Yes ☐ No ☐

News/Press (local & national, print & online) Yes ☐ No ☐

Tolbooth website Yes ☐ No ☐

Promotional materials (posters/flyers/display screens advertising workshops & classes) Yes ☐ No ☐

Music & Arts opportunities mailing list

I / my child would like to receive emails from the Tolbooth about performance and learning / development opportunities for young people in music & the arts

Yes ☐ No ☐ Email: _____

You have the right to withdraw consent. If you wish to do so or to request an amendment to the data held, please contact the Tolbooth on 01786 274 000

Data Protection

Stirling council will process your information in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). Further information about your data protection rights can be found on the council website: <http://stirling.gov.uk/council-democracy/access-to-information>

Parent / guardian or

Young Person's signature: _____

Date: __ / __ / ____