

CONSENT FORM FOR ACTIVITIES & DAY VISITS

Proposed activity or visit:

Date(s):

Venue/destination:

Departure place and time:

Return place and time:

Transport arrangements (This might be in a church worker's/volunteer's own car):

Please bring along (e.g. coat, swimming kit, lunch, etc.):

Cost: (cheques payable to "Cheltenham Network Church"):

CNC contact person for activity:

Please detach and return by:

Full name of child / young person:

Address (or contact details):

Post Code

Tel no for emergencies (Day):

Tel no for emergencies (Eve):

Tel no for emergencies (Mobile):

Details of any regular medication, medical problem (eg. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect THIS activity:

Consent

- I have read the above information and I give permission for the above named child/young person to take part in this activity.
- I give my consent to any medical treatment that may be necessary in the event of an emergency.
- WHERE APPLICABLE - I enclose payment of £

See declaration over...

Declaration

By signing this form you are confirming that you consent to the Trustees of Cheltenham Network Church holding and processing your personal data for safeguarding purposes.

Where you do not grant consent we will not be able to use your personal data except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Church Office.

You can withdraw or change your consent at any time by contacting the Operations Co-ordinator at CNC's Church Office, 7 Cirencester Road, Charlton Kings, Cheltenham, Gloucestershire GL53 8EP or admin@cnc.church. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

Signed (parent, or adult with parental responsibility):	Signed (child, if aged 12 or over):
Print name:	Print name:
Date:	Date:

THIS FORM WILL BE KEPT ON FILE FOR FIFTY YEARS AFTER YOUR CHILD LEAVES CNC.
PLEASE INFORM US IMMEDIATELY OF ANY CHANGES TO THE ABOVE INFORMATION.