

REGISTRATION FORM

The Bigger Shoe Box
Muswell Hill Centre
Hillfield Park
London N10 3QJ
020 8883 0260

info@exposure.org.uk
exposure.org.uk
twitter.com/ExposureOrg
facebook.com/ExposureOrg

NAME _____

ADDRESS _____

_____ POST CODE _____

DATE OF BIRTH _____ AGE _____

HOME TEL _____

MOBILE TEL _____

E-MAIL _____ TWITTER _____

MALE FEMALE

ETHNIC ORIGIN

White

- British
- Irish
- Traveller of Irish Heritage
- Albanian
- Cypriot
- Kosovan
- Kurdish
- Turkish
- Gypsy/Roma
- Other white

Black/Black British

- African
- Caribbean
- Other black background

Other ethnic group

- White & Black Caribbean
- White & Black African
- White & Asian
- Other mixed background

Asian/Asian British

- Arabic
- Chinese
- Indian
- Pakistani
- Other Asian background

SCHOOL/COLLEGE/ORGANISATION _____

MEDICAL DETAILS

Please specify any disabilities, medical conditions, health issues or special needs which Exposure should know about (allergies, epilepsy etc):

YOUR CONSENT

Exposure collects and processes information you provide so we can contact you and report to our funders. This information will be retained for no more than five years. You have the right to withdraw consent for us to have this information and to object to how we use it. No specific personal information will be provided to funders or anyone else without your consent.

Please sign below to indicate you have taken part in an Exposure health and safety induction, read, understood and agree with Exposure's constitution and charter, and give permission for your name, image and creative work to appear in Exposure's youth communications (magazines, videos, posters, leaflets, annual reports, websites, social media, press coverage):

Signature: _____

Date: _____

PARENTAL CONSENT IF YOU ARE UNDER 18

Please ask your parent/guardian to read the following carefully and sign below:

- I give permission for Exposure to collect and process information provided by my child;
- I give permission for my child to participate in Exposure's activities and understand that work produced may be used in Exposure's youth communications;
- I give permission for my child's name, image and creative work to appear in Exposure's youth communications;
- I give permission for my child to attend events, on occasion, in the course of their voluntary work for Exposure;
- Should my child require emergency treatment and I am unable to be contacted I give Exposure permission to authorise the necessary treatment until I am able to be contacted.

Signature: _____

Date: _____

Print name: _____

Relationship to child: _____