exposure
Youth communications charity

Registration form

Name _____

Address _____

Post code _____

Date of birth _____

Home number _____

Mobile number _____

Email _____

Gender _____

Ethnicity _____

School/college _____

Medical details _____
Disabilities, medical conditions, health issues or special needs which Exposure should know about (e.g. allergies, epilepsy)

Your consent

Exposure collects and processes information you provide so we can contact you and report to our funders. This 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 (where relevant), read, understood and agree to abide by Exposure's charter, and give permission for your name, image and creative work to appear in Exposure's youth communications (website, videos, podcasts, social media, promotions, media coverage):

Signature _____

Date _____

Parental consent (if under 18)

Please ask your parent or 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
- 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 _____

Print name _____