



Consent Form for Recording Personal Details of Children / Vulnerable Adults in Group Activities

Parish Name:

Parish Priest / Group Leader:

Activity/Group Name:

Child / Vulnerable Adult's Details

- Full Name:

- Name to be known as in group

- Date of Birth:

- Address:

Parent / Guardian full name:

- Emergency contact name:

- Emergency contact number:

Medical Conditions/Allergies/Additional Needs/Medication (if any):



We collect personal details to:

Ensure the safety and wellbeing of children and vulnerable adults during group activities.

Contact parents/guardians/carers in case of emergency.

Comply with safeguarding and health regulations.

All personal data will be stored securely and only accessed by those authorised by the parish priest. It will not be shared with third parties unless required by law or in an emergency.

Consent

I, the undersigned, give permission for Archdiocese of Liverpool to record and securely store the personal details of my child / vulnerable adult for the purposes stated.

Parent/Guardian/Carer Name PLEASE PRINT IN BLOCK CAPITALS:

Signature:

Date:

Data Protection In accordance with the General Data Protection Regulation 2016 and Data Protection Act 2018, all personal data, including images (photographs and films for example), must be processed fairly and lawfully. To comply with this, we are bound to inform you that during some group sessions:

- Photographs and films will be taken
- These may be used on a parish website, in a newsletter, on televised programme, Catholic Publications (such as Catholic Pic), parish notice boards, parish social media pages.

We will take care to record images that respect the dignity and wellbeing of everyone.

We recognise that there are some reasons why, for their own safety and/or wellbeing, some individuals will not want their images recorded or kept and we will always respect this.

To be completed by the subject of the images (this includes children where it is deemed that they understand what they are agreeing to). Parents/carers must also give consent if the child/young person is under the age of 16 years).

- I consent to being photographed and/or filmed during group activities.
- I understand the ways in which these images may be used.
- I understand I can withdraw my consent at any time without explanation by speaking with the group leader.

Full name PLEASE PRINT IN BLOCK CAPITALS:

Signature:

Date:



Statement of Consent of parents/carers for children and young people aged under 16 years, or person who has the legal authority e.g. lasting power of attorney for health and welfare, to make the decision on the person's behalf for young people aged 16-18 and adults who lack capacity to consent.

Full Name of subject of photograph:

Full name of person giving consent:

Relationship to subject of the images:

Do you have "parental or legal responsibility" or legal authority to give consent for this person?

YES

☐

NO

☐

I give my consent to the person named above being photographed and/or filmed as part of the group activities.

☐

I know that it is my right to withdraw my consent at any time without explanation by speaking with group leader.

☐

Full name PLEASE PRINT IN BLOCK CAPITALS:

Signature:

Date:
