

CHELMSFORD DIOCESE YOUTH SYNOD – REGISTRATION FORM

Name of Young Person:

Age:

Address (including postcode):

Phone Number (of Young person):

Email Address (of Young person):

Date of Birth (of Young person):

Family Doctor (Name & Address):

Are there any food allergies/dietary needs we should be aware of?
(Please provide details below)

Are there any medical conditions/current medication we should be aware of?
(Please provide details below)

MORE ABOUT YOU...

Church Details

This information will be used to discuss Youth Synod with your church leader and to ask them to provide a reference and suitable mentor for you. **Please tick this box** to say that *you have the consent* of your church leader to provide us with these contact details.

Name of Church:

Address of Church:

Name of Church Leader:

Contact Details of Church Leader:

Disabilities or other special requirements) *(Please provide details below)*

Parent/Guardian Details

This information will be used to provide you with information about the residential trip and training days and as an emergency contact for these training days. **Please tick this box** to give your consent to your data being used for these purposes.

Parent/Guardian Name:

Parent/Guardian Email:

Parent/Guardian Emergency Number(s):

Media Consent

We will be taking photos throughout the programme for promotion of this and future programmes via the Diocesan website and social media accounts. **Please tick this box** if you give consent for us to use images of your son/daughter in this way.

Digital Communication

In order to help us keep in touch and facilitate sessions online we are asking for consent to use video conferencing (Zoom) and to contact young people via email, WhatsApp, Text Message and Instagram. This will be done in compliance with our safeguarding policy.

I give permission for you to contact my son/daughter using (tick as appropriate)

Zoom

WhatsApp

Text Message

Instagram

Please provide the relevant contact information for the above methods below. You may prefer to provide parental contact information or, if your child is 13+ you may provide theirs:

Please ensure that you have spoke to your Church/Youth leader about your desire to take part in the programme

Data Protection & Declaration

Data collected on this form will be used for the administration of the Youth Synod and for ensuring the safety and well-being of those on the programme.

I hereby grant the Chelmsford Diocesan Board of Finance permission to process my personal data for the purposes set out above. (To be signed by a parent/guardian if a young person is under 13 years old)

Name: young person signature:

I hereby give permission for my young person to take part in Youth Synod activities including virtual and in-person gatherings

Name: parent/guardian signature:

If you have a query about how your personal data is used by the CDBF please contact the Data Protection Coordinator, Nathan Whitehead, Diocesan Office, 53 New Street, Chelmsford, CM1 1AT, nwhitehead@chelmsford.anglican.org. Consent may be withdrawn at any time by contacting Dot Salmon – dsalmon@chelmsford.anglican.org or the Diocesan Office, 53 New Street, Chelmsford, CM1 1AT