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| 1. **Workshop Information** | | | | 1. **Participant Information** | | |
| **Workshop** | **Date of Activity** | | | **Participant Name** | | |
| **Leeds Young Film Festival Jury 2019** | **Monday 8 April**  **Tuesday 9 April**  **Wednesday 10 April**  **Thursday 11 April**  **Friday 12 April** | | |  | | |
| **Pick up by & Relation to child** | | |
|  | | |
| **Photo/ Video Permission** (please find more information about our photo policy on page 2) | | |
| I agree that photographs of my child may be taken whilst participating in Leeds Young Film Festival. | | |
| * **Yes** | * **No** | |
| 1. **Participant Contact Details** | | | |  | | |
| **Address/ Postcode** | | **DOB/ Age** | | **Email** | | |
|  | |  | |  | | |
| 1. **Emergency Contact.** (this must be completed by the legal Parent / Guardian). | | | | | | |
| **Name:** | **Relationship to child:** | | | **Tel (1):** | | **Tel (2):** |
|  |  | | |  | |  |
| 1. **Medical Information** please give details of any important medical information that our staff should be aware of  (e.g. allergies, -epilepsy, asthma, diabetes, Dyslexia). | | | | | | |
|  | | | | | | |
| **Consent Statement - I understand and agree to the following statements:**   * That the child named above will take part in the supervised activity. * That in the unlikely event of an emergency the child named above can receive medical treatment, including anaesthetic, as considered necessary by an appropriately qualified person. * That in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with the injury / illness appropriately. * That in the event of my child being returned early from the activity, or any costs incurred as a result of my child’s misbehaviour, I will be liable to reimburse Leeds City Council, in full. * That her/his outcomes of sessions attended may be reproduced in booklet / exhibition etc. format, as appropriate, as a record of **the Jury**, or related publicity specifically for Leeds City Council. * That personal details may be put on to the Leeds Young Film or Leeds City Council mailing list for future information * That I have read and understood the information on the following page regarding photography at Leeds Young Film Festival.   **Cancellation / Re-programming / Change in Activity:**  Under exceptional circumstances, Leeds City Council reserve the right to change all or some of the above at short notice. | | | | | | |
| **Print Name** | | | **Relationship to Child** | | | |
| **Signature** | | | **Date** | | | |
| **Photography Information:** As your child is taking part in **the Jury**,we would like permission to photograph and film the sessions to document the project. LYFF has a strict policy about the use of photography as part of our Child Protection Policy and will not publish names next to photos or use photos of children in their school uniforms without specific permission. The images will only be used in **Leeds Young Film Festival** (LYFF) publicity, such as brochures, newspaper articles, by Leeds City Council and some may be put on the **LYFF** and Leeds City Council website. LYFF will securely store all digital images. None of the images or video footage will be sold or exploited commercially. This will involve press photo calls with our freelance photographers, who will be clearly identifiable.  Please indicate at the top of the first page of this form whether you agree that photographs and videos of your child may be taken whilst participating in Leeds Young Film Festival and that these photographs may be used for future publicity for **LYFF** and Leeds City Council, as outlined above, including the following websites: **LYFF** Facebook page (and other official social networking pages) and Leeds City Council. We might also use video footage and content produced to produce DVDs, shown online by LYFF or be shown on the Big Screen on Millennium Square or in other exhibition venues.  Please be aware that your child may be taking part in a public performance/ event where photography for personal/ family use is permitted. | | | | | | |

**Please help us evaluating whether we reach out to all parts of our community, by providing the information about the workshop participant below. Thank you!**

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| **How does the participant describe themselves?** | | | | | **Male ☐** | | | **Female ☐** | | | | | | | | **In another way ☐** |
| **Is the participant disabled?** | | | | | **Yes ☐** | | | | | | **No ☐** | | | | | |
| **If YES, what type of impairment do they have:** | | | | | **Physical Impairment (e.g. wheelchair user) ☐** | | | | | | | | | | | |
| **Mental health condition (e.g. depression) ☐** | | | | | **Sensory impairment (e.g. deaf or blind) ☐** | | | | | | | | | | | |
| **Learning disability or cognitive impairment ☐** | | | | | **Long-standing illness or health condition ☐** | | | | | | | | | | | |
| **Ethnic Origin** please tick one(You do not have to complete this question but doing so will help us improve our service) | | | | | | | | | | | | | | | | |
| **White** |  | **Mixed** |  | **Asian or Asian British** | | | **Black or Black British** | | | | | | | **Other Ethnic Group** | | |
| British/UK | ☐ | White & Black Caribbean | ☐ | Indian | | ☐ | Caribbean | | | ☐ | | | | Arab | | |
| Irish | ☐ | White & Black African | ☐ | Pakistani | | ☐ | African | | | ☐ | | | | Any Other | | |
| Other | ☐ | White & Asian | ☐ | Bangladeshi | | ☐ | Other | | | ☐ | | | |  | | |
|  |  | Other | ☐ | Chinese | | ☐ |  | | |  | | | |  | | |
|  |  |  |  | Other | | ☐ |  | | |  | | | |  | | |
| **Religion** please tick one(You do not have to complete this question but doing so will help us improve our service) | | | | | | | | | | | | | | | | |
| Buddhist | ☐ | Christian | ☐ | Hindu | | ☐ | Jewish | | | ☐ | | | Muslim | | | |
| Sikh | ☐ | No Religion | ☐ | Other | | ☐ | Prefer not to say | | | ☐ |  | | | |  | |
| **Background:**  Do you consider yourself to be from a disadvantaged background? | | | | | |  | Yes ☐ | | No ☐ | | | Prefer not to say ☐ | | | | |