



AN GRIANÁN
Y O U T H
T H E A T R E

An Grianán Youth Theatre Membership Form 2018/19 (Over 18)

PLEASE USE BLOCK CAPTITALS

| | |
|---------------------------------------|---------|
| Section A: Participant Details | |
| Name: | Age: |
| Address: | |
| Home Telephone: | Mobile: |
| Email: | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----|
| Section B: Emergency Contacts & Medical Information / Special Requirements Please provide contact details for two people we can contact in case of an emergency. | | |
| 1 Name: | Home Telephone: | |
| | Mobile: | |
| 2 Name: | Home Telephone: | |
| | Mobile: | |
| Medical Conditions/Special Requirements If you do not have sufficient space to provide full details, please complete the attached Additional Information Sheet . Any information provided will be treated as confidential and managed in line with the youth theatre's Data Protection and Confidentiality Policy. | | |
| 1 Do you have any special requirements? e.g., physical disability, learning difficulties or literacy issues <i>If 'Yes', please give details</i> | Yes | No |
| 2 Do you have any medical conditions of which we should be aware? <i>If 'Yes', please give details on the accompanying page.</i> | Yes | No |
| 3 Do you have any allergies? <i>If 'Yes', please give details</i> | Yes | No |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>4 Is there any other information we need to be aware of that may impact on your participation in youth theatre? <i>If 'Yes', please give details</i></p> | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>Section C: Consent I give consent for:</p> | | |
| <p>1 My personal data, as provided, to be processed in line with the purposes detailed in the Privacy Statement at the end of this form.</p> | Yes | No |
| <p>2 Photograph/video footage to be taken during rehearsals and production</p> | Yes | No |
| <p>3 Photographs/video footage to be used publicly in posters/flyers and/or newspapers for publicity purposes.</p> | Yes | No |
| <p>4 Photos/Video footage to be stored and used for archival purposes (All photos/video footage will be managed in line with the companies' Use of Images Policies).</p> | Yes | No |
| <p>5 First aid/medical assistance to be sought in the case of an emergency</p> | Yes | No |
| <p>6 I have disclosed all relevant information with regard to any medical conditions and any special requirements</p> | Yes | No |
| <p>7 I have enclosed the membership fee of €120 cheque/cash or have already paid online/at box office*.</p> | Yes | No |
| <p>Signed _____ Date: _____</p> | | |
| <p><i>*If you wish to discuss payment or paying by instalments, or any other matter in relation to the above, please do not hesitate to contact Nicola at the box office.</i></p> | | |

Please return to **Nicola Burns, An Grianán Theatre, Port Rd, Letterkenny, F92 RV1F**

Consent for use of personal data:

An Grianán Youth Theatre will use personal data only where consent to do so is affirmative, freely given, specific, informed and unambiguous. The below privacy statement provides information on why we gather and how we will use your personal data.

The Data Protection Contact Person for An Grianán Theatre is Patricia McBride, 0749120777. You can contact this person if you have a question regarding how your personal data will be processed.

Privacy Statement

The personal data requested in this form is collected solely for the purpose of supporting your participation in **An Grianán Youth Theatre**.

Data such as your contact details will be used to communicate with you in relation to your participation in the project.

Details of your age and gender are also provided to funders and Youth Theatre Ireland to generate statistical information but are aggregated with all members and not directly linked to you personally or used to identify you to third parties in any way.

Sensitive data such as details of medical conditions or other personal needs are collected so that we can ensure your safety and welfare whilst participating in the project.

Your personal data will only be shared with those who need to know it, and only disclosed to a third party in the case of an emergency such as if you become ill or have an accident that requires medical attention.

Images including video will be collected for the purpose of promoting and documenting the activities of **An Grianán Youth Theatre** and for archival purposes. Images will be managed safely in line with our Use of Images Policy. The promotion of our productions and other events requires that on occasions images will be used in the public domain.

An Grianán Youth Theatre will retain personal data on file for a period of **3 years** when it will be destroyed.

Personal data in the form of photographic images and video will be retained permanently or until such time they become obsolete for the purpose of promoting and documenting the activities of **An Grianán Youth Theatre**

Your rights:

An Grianán Youth Theatre are committed to upholding your rights as provided for by the General Data Protection Regulation (GDPR) including:

- The *right to be informed* about how we will use your personal data.
- The *right of access* to a copy of the personal data we hold and information on how we process it.
- The *right* to have incorrect or incomplete personal data corrected.
- The '*right to be forgotten*' and have personal data deleted if you so request.
- The *right to restrict* how we process your personal data.
- The *right to object* to the processing of your personal data.
- The right to data portability

To be completed by youth theatre member

I consent to the use of the personal data provided for the purposes outlines in the above Privacy Statement.

Signed: _____ Date: _____

Additional Information relating to Medical Conditions or Special Requirements.

Please note if you would like to discuss any of the information relating to your medical conditions or additional requirements with us, please contact **Daithi Ramsay, Child Protection Office, An Grianán Theatre, 0749120777, daithi@angrianan.com**. We may also contact you for clarification or more information if necessary.

Please return to **Nicola Burns, An Grianán Theatre, Port Rd, Letterkenny, F92 RV1F**