



AN GRIANÁN  
Y O U T H  
T H E A T R E

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

***NB: Section C and D to be completed by the Parent/Guardian of those aged under 18. Section D to be signed by participant.*** \* \* \* PLEASE USE BLOCK CAPITALS. \* \* \*

Section A: Member Details	
Name:	Age:
Address:	
Home Telephone:	Mobile:
Email:	

Section B: Parent(s)/Guardian(s) Details		
1 Name:	Home Telephone:	
	Mobile:	
	Email:	
2 Name:	Home Telephone:	
	Mobile:	
	Email:	
I (Parent/Guardian) consent to be contacted for the purpose of verifying my identity as parent/guardian of my child. <b>Please tick to consent:</b>		
<b>Medical Conditions/Additional Requirements</b> If you do not have sufficient space to provide full details, please complete the attached <b>Additional Information Sheet</b> . Any information provided will be treated as confidential and managed in line with the youth theatre's <b>Confidentiality Policy</b> .		
1 Does your son/daughter/ward have any additional requirements? e.g. physical disability, learning difficulties, literacy issues, medical conditions of which we should be aware. <i>If 'Yes', please give details on the accompanying page.</i>	Yes	No

<p><b>2</b> Does your son/daughter/ward have any allergies? <i>If 'Yes', please give details</i></p>	Yes	No
<p><b>3</b> Is there any other information we need to be aware of that may impact on your son's/daughter's participation in youth theatre? <i>If 'Yes', please give details</i></p>	Yes	No

<p><b>Section C: Parental Consent</b></p> <p>I give consent for:</p>		
<p><b>1</b> My son's/daughter's 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><b>2</b> My son/daughter to attend drama workshops.</p>	Yes	No
<p><b>3</b> Photograph/Video Footage of my son/daughter to be taken during youth theatre events.</p>	Yes	No
<p><b>4</b> Photographs/Video Footage including my son/daughter to be used publicly in posters/flyers and/or newspapers for publicity purposes.</p>	Yes	No
<p><b>5</b> Photos/Video footage to be stored and used for archival purposes <b>(All photos/video footage will be managed in line with the youth theatre's Use of Images Policy).</b></p>	Yes	No
<p><b>6</b> First aid/medical assistance to be sought in the case of an emergency.</p>	Yes	No
<p><b>7</b> I have disclosed all relevant information with regard to any medical conditions and any additional requirements that relate to my son/daughter of which I am aware.</p>	Yes	No
<p><b>8</b> 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 <b>Nicola at the box office.</b></i></p>		

<b>Section D: Members' Consent For Photos</b>		
I give my consent for photos/footage of me to be taken during youth theatre activities and for them to be used for publicity and for the youth theatre archive.	Yes	No
Signed _____ Date: _____		

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

**Parental 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 son's / daughter's personal data.

The Data Protection Contact Person at **An Grianán Youth Theatre** is Patricia McBride. You can contact this person if you have a question regarding how your son's/ daughter's personal data will be processed.

**Privacy Statement**

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

Data such as contact details will be used to communicate with you and your son/ daughter in relation to your son's /daughter's membership of the youth theatre.

Data such as gender and age is used to ensure your son / daughter is assigned to aspects of the youth theatre activities that are age appropriate. It also helps us to make accommodation and other arrangements in the case of trips or residentials your son/ daughter may participate in during their time in membership of the youth theatre.

Details of your son's/daughter's 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 your son/ daughter personally or used to identify your son/daughter to third parties in any way.

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

Your son's/ daughter's 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 they 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** after which 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 Theatre.**

## Your rights:

**An Grianán Youth Theatre** is committed to upholding yours and your son's /daughter's 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 Parent/ Guardian

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**An Grianán Youth Theatre is an initiative of An Grianán Theatre. The Child Protection Policy, Child Safe Guarding Statement and Privacy Policy for An Grianán Theatre are available on request or may be downloaded from [www.angrianan.com](http://www.angrianan.com). The Child Protection Officer for An Grianán Youth Theatre is Daithi Ramsay, 0749120777, [daithi@angrianan.com](mailto:daithi@angrianan.com).**

**Additional Information relating to Medical Conditions or Additional Requirements.**

Please note if you would like to discuss any of the information relating to your son's/daughter's 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 completed form to **Nicola Burns, An Grianán Theatre, Port Rd, Letterkenny, Donegal, F92 RV1F**.