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| **Young Archaeologists’ Club Membership Form (4 pages)** | Date: |
| Your local YAC club is part of a national network which is co-ordinated by the Council for British Archaeology (CBA). Please complete all four pages of this form and **return it to Claire Harris,** [**charris@mola.org.uk**](mailto:charris@mola.org.uk)    **Consent**  By completing this form, you understand that your child’s YAC will keep your child’s details securely for the purpose of managing their membership of the club only, as per the CBA’s Privacy Statement, which is available here: [https://www.archaeologyuk.org/privacy-policy.html](https://www.archaeologyuk.org/privacy-policy.html%20%20)  Leaders at your child’s YAC will ask you to update/check this form once a year. Please let them know if any of the details change in the meantime.  If you would prefer to speak to us privately about any of the information requested below, or have any queries about how we will store and use your child’s data please let us know. | |
| **Child’s details** | |
| Name: | |
| Date of birth: | |
| Address: | |
| **Parent/guardians details (this person will be contacted first in an emergency)** | |
| Name: | |
| Home telephone number: | |
| Mobile telephone number: | |
| Email address: | |
| Address, if different to child’s: | |
| **Second emergency contact (in case we cannot reach the first contact in an emergency)** | |
| Name: | |
| Relationship to child: | |
| Home telephone number: | |
| Mobile telephone number: | |

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| **Medical information**  If you would like to speak to us privately to explain more fully about your child’s needs, please let us know. |
| Please list any medical conditions or allergies that your child has: |
| Please list any medication that your child takes and provide details of how and when this is administered (for example, Epi-pens). Please make sure that your child brings their medication to every session. |
| Doctor’s surgery: |
| Doctor’s surgery telephone number: |
| **Additional needs**  YAC strives to be an inclusive club and provide the best possible experience for all young people accessing our club sessions. If your child has additional needs or requires extra support, it is crucial that you complete the boxes below to help our volunteers to cater for your child appropriately and make reasonable adjustments where possible. If you have any concerns about completing these boxes, please speak to your YAC Leader in confidence. |
| Please explain any additional needs that your child has. *NB: our volunteers cannot provide*  *1-2-1 care or attention, so if your child needs this kind of help, please speak to your YAC Leader in confidence.* |
| Please describe any successful support strategies that are used at home or at school: |

**If you need more space to answer the above questions, use the blank page at the end of the form.**

**Photography and Filming Consent Form**Young Archaeologists’ Club (YAC)

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| In accordance with our Safeguarding Policy, we will not permit photographs, video or other images of young people to be taken without consent. If the child is under 16, consent must be obtained from a parent/carer.  (If the child is over 16, it’s good practice to inform parents that photographs and/or videos of their child may be used if the child has given consent.)  **The Council for British Archaeology on behalf of the YAC** will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately. |

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| **Name of child** |  | **Age** |  |

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| **Declaration of consent – child aged 16 or over** | | | | |
| Please tick each box (or strike out what you do not consent to), then sign this form. | | | | |
| 🞎 | I give permission for my photograph to be used within the YAC Branch for display purposes. | | | |
| 🞎 | I give permission for my photograph to be used within our printed publications. | | | |
| 🞎 | I give permission for my photograph to be used on the CBA and YAC websites. | | | |
| 🞎 | I give permission for my photograph to be used on the CBA and YAC social media pages. | | | |
| 🞎 | I give permission for video of me to be used on our websites. | | | |
| 🞎 | I give permission for video of me to be used on the CBA and YAC social media pages. | | | |
| 🞎 | I give permission for video of me to be used for promotional purposes. | | | |
| **Signature** | | **🗶** | **Today’s date** |  |

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| **Declaration of consent – parent/carer of child under 16** | | | | |
| Please tick each box (or strike out what you do not consent to), then sign this form. | | | | |
| 🞎 | I give permission for my child’s photograph to be used within the YAC branch for display purposes. | | | |
| 🞎 | I give permission for my child’s photograph to be used within our printed publications. | | | |
| 🞎 | I give permission for my child’s photograph to be used on the CBA and YAC websites. | | | |
| 🞎 | I give permission for my child’s photograph to be used on the CBA and YAC social media pages. | | | |
| 🞎 | I give permission for video of my child to be used on the CBA and YAC websites. | | | |
| 🞎 | I give permission for video of my child to be used on the CBA and YAC social media pages. | | | |
| 🞎 | I give permission for video of my child to be used for promotional purposes. | | | |
| 🞎 | I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation. | | | |
| 🞎 | I have spoken to the child in my care and they have also given their consent for the above.  If this differs to the parental consent, please note this below: | | | |
| **Signature** | | **🗶** | **Today’s date** |  |
| **Print name** | |  | | |

**Consent**

By completing this form, you are confirming that you are consenting to your child’s YAC club holding and processing your child’s personal data. You can find out more about how we use your data via our Privacy Statement which is available at [www.archaeologyuk.org/privacy-policy](http://www.archaeologyuk.org/privacy-policy)

I consent to my child’s YAC club contacting me (please tick the boxes where you grant consent):

* + by post 🞎
  + by email 🞎
  + by telephone 🞎

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| Parent/carer’s name: |
| Parent/carer’s signature: |
| Child’s name: |
| Child’s signature: |
| Date: |
| **YAC Leaders**: Parents/carers should be asked to review this form once a year and make any changes needed. If the details have not changed, ask the child’s parent/carer to initial and date here to confirm. |

**If you would like to discuss any of the information we have asked for on this form, please speak to the team at your YAC club or contact the CBA using the details below.**

**If you would like to provide more in-depth detail about your child’s additional support needs or medical requirements, please consider completing an** [**Individual Support Plan**](https://www.yac-uk.org/individual-support-plans)