**Bristol North West Foodbank – Space4Makers Workshop**

**Child Registration Record**

I understand that this information will be kept securely and indefinitely by the **Bristol North West Foodbank** (BNWFB) in line with current Data Protection legislation.

I consent to the BNWFB holding and processing my personal data for the following purposes (please tick the boxes where you grant consent): -

I consent to the BNWFB contacting me to keep me informed about news, events, activities at BNWFB

by: post phone email

***Please fill out IN CAPITALS and as fully as possible***

**Details of the Child / Young Person**

Child’s first name: Child’s last name:

/ /

Child’s date of birth: Gender:

Child’s address:

Postcode:

Child’s mobile: Child’s email:

*(if applicable)* *(if applicable)*

Child’s school:

**Parent / Guardian’s Contact Details**

Parent’s name:

Home telephone: Mobile telephone:

Email address:

**Emergency Contact Details**

*Please provide details of someone other than a parent/guardian who could be contacted in an emergency*

Name:

Home Telephone: Mobile Telephone:

Relationship to the child:

PTO

**Health**

Medical details:

*(including details of*

*any allergies or*

*medication)*

Special needs:

**Doctor’s Details**

Doctor’s name: Surgery:

Surgery address

Postcode:

Surgery telephone number:

**Consent**

I hereby give permission for my son/daughter named above to take part in the Space4Makers workshop activities under the supervision of the workshop tutors and team. I understand that the BNWFB safeguarding policy is available at the bottom of the home page [www.bristolnorthwestfoodbank.org.uk](http://www.bristolnorthwestfoodbank.org.uk)

As well as the usual meeting place for my child’s group (The Space4Makers Workshop), I understand that during the course of the normal group activities my child may also wish to use the toilets in the church building, and certain workshop activities may take place outside, or in the church buildings. I give permission for this to take place, according to the BNWFB safeguarding policy guidance.

In case of illness or accident I authorise...

1. The leader of the activity to sign on my behalf any written form of consent required by medical authorities if a delay in obtaining my signature is considered inadvisable or unnecessary by the doctor.
2. The leader to administer prescribed and non-prescribed medication if necessary.

**Signed:**

/ /

**Parent’s Name:** **Date:**

***Once completed this form should be given to the workshop tutor, workshop manager or Foodbank Manager.*** Form revised 14/02/22