|  |  |
| --- | --- |
| Displaying Jpeg Logo.jpg | **Please return form to:**  Truro School, Trennick Lane, Truro, TR1 1TH  Email: [office@cornwallmusicservicetrust.org](mailto:office@cornwallmusicservicetrust.org)  Telephone: 01872 246043 |

Cornwall County Recorder Ensemble

*Charge: FREE membership at present*

|  |  |
| --- | --- |
| Name of Member |  |
| School |  |
| Date of Birth |  |
| Details of any medical conditions or allergy |  |
| Details of any Special Educational Needs or Learning Difficulties |  |
| Name of Parent/Guardian (if under 18) |  |
| Address |  |
| Postcode |  |
| Emergency Telephone Number 1 |  |
| Emergency Telephone Number 2 |  |
| Email Address |  |
| Date of Joining September 2018) |  |
| Parent/guardian signature |  |

**Use of Data**

**Personal Details -** The information contained on this membership form will be used by us to:

* process your application
* send you information relating to the ensembles
* carry out statistical analysis of our pupils & provide statistical analysis to the Department for Education and Arts Council England.

**Emergency Details** - This information is required to enable us to care for your son/daughter in the event of a medical emergency or accident and will only be used in this instance. This information may be shared with third parties (e.g. doctors and nurses) in order to provide appropriate medical treatment.

By submitting this form you consent to the above mentioned uses. If you do not wish us to use any of the information for any of the purposes mentioned above, please inform us in writing. This application will be retained on file whilst your child is a member of the ensemble.



**Consent form for photography, video recording and using images and voices**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Occasionally, we may take photographs of the children or young people attending our provision. We may use these images in publicity material, in other printed publications that we produce or to submit as evidence of high quality provision to support funding applications etc. We may also make video or webcam recordings and voice recordings for promotional purposes, for information, monitoring or other educational use.

From time to time, we may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Your child or young person may appear in these images, which may appear in local or national newspapers (including their websites) or on televised news programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child/young person Please answer the questions below then sign and date the form where shown and return the completed form to the office.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Please place a X in the appropriate box** | |
|  |  | **Yes** | **No** |
| May we use your child or young person’s photograph in publicity material, in other printed publications that we produce or to submit as evidence of high quality provision to support funding applications, etc. | | □ | □ |
| May we involve your child or young person as part of any external media coverage e.g. local or national newspaper coverage of a visit form a dignitary or other high profile event. Your child or young person may appear in local or national newspapers (including their websites) or on televised news programmes. | | □ | □ |
| May we record your child’s image and/or voice on video? | | □ | □ |

**Conditions of Use**

* This form is valid from the date you sign it for the period of time your child attends any CMST activity or a period of 12 months whichever is the longest.
* We will not use the personal details or full names (which means first name and surname) of any child or young person in a photographic image or video, on our website, in our publicity material, or other printed publications that we produce or to submit as evidence of high quality provision to support funding applications etc.
* We will not include personal e-mail or postal addresses, or telephone or fax numbers on any photographs or images.
* We may use group photographs or footage with very general labels, such as ‘making music’ or ‘having fun’.
* We always use images of pupils who are suitably dressed, to reduce the risk or such images being used inappropriately.

**Parent/Carer signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| Displaying Jpeg Logo.jpg | **Ensemble Membership Form** |

Dear Parent/Carer

The Cornwall Music Service Trust (CMST) supports the progression of young musicians through the network of county/area ensembles and choirs which it supports. To maintain high standards it is important that members endeavour to attend all rehearsals.

This membership form has been devised in line with the Data Protection Act and covers membership of all ensembles that CMST supports. The form gives full details of why we collect and hold certain information. This includes use of photos, videos and audio recordings etc.  These forms must be completed to ensure we have emergency contact details for your child when attending rehearsals and events. Please notify us of any changes, e.g. to your address or the school/ college your child attends.

**Use of Data**

**Personal Details -** The information contained on this membership form will be used by us to:

* process your application
* send you information relating to the ensembles
* carry out statistical analysis of our pupils & provide statistical analysis to the Department for Education and Arts Council England.

**Emergency Details** - This information is required to enable us to care for your son/daughter in the event of a medical emergency or accident and will only be used in this instance. This information may be shared with third parties (e.g. doctors and nurses) in order to provide appropriate medical treatment.

**School** –We will need to seek permission for absence from the Headteacher if activities take place during school time.

**Instrumental Teacher** – We may wish to liaise with your son/daughter’s instrumental teacher regarding his/her participation in the ensemble

By submitting this form you consent to the above mentioned uses. If you do not wish us to use any of the information for any of the purposes mentioned above, please inform us in writing. This application will be retained on file whilst your child is a member of the ensemble.

Under the Data Protection Act, you and your son/daughter have a right to request access to, and to request correction of, your personal data in relation to his/her application. If you wish to exercise these rights, please contact us on **01872 246043**.

Please complete all sections of the Membership form but keep this page for your records. This form must be completed for any player who wishes to be an ensemble member. This form must be completed annually. Your completed form should be sent to the CMST office:

**CMST, Truro School, Trennick Lane, Truro, TR1 1TH. 01872 246043**