

# Masterclass Organiser Agreement

We have pre-filled all the information that we currently have about your series. Please complete any missing information and correct any inaccuracies in the information already present. Please use the Organiser Agreement Fact Sheet as a reference to help you complete this form and answer all questions correctly.

Privacy – all data supplied will be stored in compliance with the Ri privacy policy (<http://www.rigb.org/privacy>). By providing your colleagues' details on the OA form, you confirm that you have obtained their consent to pass on their personal information to the Ri.

## Section A: About Your Organising Committee

| Name | Email address | Role in Masterclass Group |
|------|---------------|---------------------------|
|      |               |                           |
|      |               |                           |
|      |               |                           |
|      |               |                           |

## Section B: About Your Masterclasses

| Subject | Year group | Session start time | Session end time | Expected attendance | Older students involved? (yes/no) | If yes, year groups | Roles of older students | Session | Date (Add more rows if necessary) | Face to Face?            | On-line?                 |
|---------|------------|--------------------|------------------|---------------------|-----------------------------------|---------------------|-------------------------|---------|-----------------------------------|--------------------------|--------------------------|
|         |            |                    |                  |                     |                                   |                     |                         | 1       |                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|         |            |                    |                  |                     |                                   |                     |                         | 2       |                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|         |            |                    |                  |                     |                                   |                     |                         | 3       |                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|         |            |                    |                  |                     |                                   |                     |                         | 4       |                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|         |            |                    |                  |                     |                                   |                     |                         | 5       |                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|         |            |                    |                  |                     |                                   |                     |                         | 6       |                                   | <input type="checkbox"/> | <input type="checkbox"/> |

## Section C: About Your Masterclass Supervisors

|  |  |
|--|--|
| Name of principal supervisor                           |  |
| Email address of principal supervisor                  |  |
| Telephone number of principal supervisor               |  |
| If supervisor is a teacher, school of employment       |  |
| Will this person supervise all Masterclasses? (yes/no) |  |

### Additional Supervisors

| Name | Email | School of employment, if teacher | Date of Supervision, if known |
|------|-------|----------------------------------|-------------------------------|
|      |       |                                  |                               |
|      |       |                                  |                               |
|      |       |                                  |                               |

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## Section D: About your online Masterclass activity

My Masterclasses include events that students join online (yes/no)

If NO, continue to next section. If YES:

Which online format?  
(delete as appropriate)

1. Groups of students watch a Livestream, supervised by teachers who moderate their interaction (no-one sitting at individual devices)

2. Students access from individual devices; interactions moderated by a supervisor who joins remotely

If 2, will you use breakout rooms? (yes/no)

Online video platform

Does your organisation require you to record and save video of your online Masterclasses? (yes/no)

## Section E: About your face-to-face Masterclass activity

My Masterclasses include face-to-face events that students join in-person (yes/no)

If NO, continue to next section. If YES:

All face-to-face sessions take place in the same venue (yes/no – if yes, just complete row 1 below)

|                        | Venue Name <i>(add more rows if necessary)</i> | Venue Postcode |
|------------------------|--|----------------|
| Venue for each session | 1  |                |
|                        | 2  |                |
|                        | 3  |                |
|                        | 4  |                |
|                        | 5  |                |
|                        | 6  |                |

For Primary Masterclasses only. **Highlight one that applies to you:**

Supervision and student emergency contact

1. Staff from visiting schools stay to supervise their student cohort all the time and retain emergency contact details

2. Students are dropped off into your supervision and you hold emergency contact details

## Section F: Data Protection and Financial Compliance

Do you require student data for purposes other than running this Ri Masterclass series? (yes/no)

Do you currently hold a Joint Data Controller Agreement with the Ri? (yes/no)

Does your committee raise funds and/or have a bank account specifically to run this Masterclass series? (yes/no)

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## Section G: Agreement to Run Ri Masterclasses

I,  (your name in block capitals) confirm that...

1. I share the Charity's commitment to child safeguarding and health and safety. I will endeavour to help the Ri to achieve the best possible outcomes for children and to protect them from harm.
2. I have read and understood the Ri Safeguarding Policy for Children, the Ri Data Protection Policy and the Ri Masterclass Organisers Handbooks listed in section G of attached fact sheet.
3. I have disseminated amongst all members of the Organising Committee a copy of:
  - a. This Organiser Agreement
  - b. The Ri Masterclass Organisers Handbooks listed in section G of attached fact sheet
  - c. Ri Safeguarding Policy for Children
  - d. Ri Data Protection Policy
4. On behalf of the organising committee, I hereby confirm that we will ensure compliance with the Ri Masterclass Organisers Handbooks listed in section H of attached fact sheet, the Ri Safeguarding Policy for Children and the Ri Data Protection Policy, in particular:
  - a. I will ensure that all students attending face-to-face or online masterclasses are supervised throughout the event by DBS-checked supervisors, and ensuring that all online breakout rooms are moderated at all times.
  - b. I will disseminate the Ri Safeguarding Policy for Children, the Ri Data Protection Policy and The Masterclass Guide for Supervisors to all Masterclass supervisors.
  - c. I will distribute the Masterclass Guides for speakers and helpers to the relevant volunteers.
  - d. We will ensure that any third party which processes Masterclass data will have a written data processing agreement with my organising committee that includes adherence to all measures laid out in the Ri Data Protection Policy and Masterclass Data Protection Handbook. We will disseminate the Ri Masterclass Data Protection Handbook to anyone processing Ri data on behalf of our Masterclass Organising Committee.
5. I will contact the Ri Masterclass team as soon as possible to discuss any issues that might affect our ability to conform to the requirements.
6. I will ensure all students taking part, and their parent/carer, sign the consent statements and receive the Ri code of conduct prior to the event.
7. I will send student data securely and report Key Performance Indicators (KPI) data at the end of each series (see electronic reporting template for convenience).
8. All the information provided in this form is correct.

Signature

Date

Position/Title: