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| **[year e.g. 2022/23] [series name] Royal Institution**  **[Subject] Masterclasses**  **Livestreamed into Schools** |

**Parent/Carer consent form - TO BE COMPLETED BY A PARENT OR CARER**

Your child’s teacher would like to nominate them to participate in a series of Ri Livestreamed Masterclasses. See attached letter for more details. The teacher will need to return this information to [organisation/group name] before [date] so please do not delay. Please note that forms must be returned via your child’s school – any forms returned directly to [Masterclass venue/organiser name] or the Royal Institution will not be processed.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of student:** |  | | | | | | | |
| Gender (optional): |  | **DOB:** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **Student home postcode:** |  | | | | | | | |
| **School name and postcode:** |  | | | | | | | |

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| Does your child have any medical conditions, accessibility requirements or do they ordinarily require any additional support that would impact their ability to fully participate in a livestreamed workshop? **Yes/No**  **Details:** |

**TO BE AGREED BY PARENTS/CARERS:**

1. I consent for my child to join the online Masterclass session(s) and for them to be included in their class video and audio feed, which will be seen and heard by all participants (i.e. other participating schools, the Masterclass organisers and workshop leaders).
2. I understand that this data will be shared with the Masterclass organisers and the Royal Institution, who own the Masterclass programme.
3. [DELETE THIS STATEMENT IF IT DOES NOT APPLY TO YOUR SERIES:] I understand that a video recording of each session will be archived for the protection of both students and adults attending Masterclasses, and that the videos will not be stored beyond short-term [or DATE].

**Parent/Carer name (Please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*\*If this form is to be returned to teachers via email, a typed signature will be accepted.*

**Ri Privacy notice:** The Royal Institution and organisers of this Masterclass series process the personal details provided above for the purpose of running the Ri Masterclass programme. All personal data entered in this form will be held securely by the Masterclass organisers for the duration of the Masterclass series. This information will also be passed to the Royal Institution and recorded in their database. The personal details you have entered onto this form will always be stored securely and they will never be passed on to third party organisations to use for their own purposes. We will use your personal data to communicate with you only in the way(s) that you have agreed to. You may amend the personal details you have entered onto this form anytime by emailing ri@ri.ac.uk. For further details please see the Ri privacy policy (available on [www.rigb.org](http://www.rigb.org)).

**[Masterclass venue/organiser name] privacy statement:** ADD YOUR STATEMENT HERE IF YOU HAVE COMPLETED A JOINT DATA CONTROLLER AGREEMENT WITH THE Ri (mainly universities or, rarely, if groups need to save a recording of video/sound feed in line with venue policy – if latter, you MUST include the video recording consent statement above), otherwise delete this red section.