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| **[YEAR e.g. 2023/24] [series name] Royal Institution [Subject] Masterclasses** |

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

PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS OF THIS FORM (TWO PAGES)

Your child’s teacher would like to nominate them to attend a series of Ri [Subject] Masterclasses. Your child’s teacher will need to return this information to [venue 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.

**Please make sure you have completed all questions unless stated as optional.**

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| **Full name of student:** |  | | | | | | | | | |
| **Home postcode:** | | **Gender** (optional)**:** | | **DOB:** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **Parent/carer contact telephone number(s):** | | |  | | | | | | | |
| **School name and postcode:** |  | | | | | | | | | |

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| Does your child have any allergies, medical conditions, accessibility requirements or do they ordinarily receive any additional support during school we should be aware of? **Yes/No**  **Details:** |
| **EMERGENCY CONTACT 1 name:**  **Relation to student:**  **Telephone number**: |
| EMERGENCY CONTACT 2name (optional):  Relation to student:  Telephone number: |

**Parent email address (BLOCK CAPITALS):**

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**The email address provided should be checked regularly** as this will be our main method of communication. If you do not have an email address, please write ‘not used’ and ensure you have provided us with a telephone number.

**REPEAT Parent email address (lower case):**

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Second parent/carer (optional) –add if it’s important that we include both emails in all communications:

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| **WAIVER: We need your consent to process your child’s application further**  I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print parent/carer name) confirm that if my child,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print child’s name) is invited to attend the Masterclass series:   * I accept responsibility for their travel to/from the venue(s). * I give permission for any necessary emergency medical treatment to be carried out while my child is at the classes. * I understand that this data will be shared with the Ri who own the Masterclass programme and as such they may contact me about events and activities related to Ri Masterclasses. | | | | | | | | | |
| Masterclass Code of Conduct   * I and my child agree to abide by the code of conduct for Masterclasses (students will be reminded of the code at start of the first class): [Option to use Ri Code of Conduct or change to venue-specific one…] <https://www.rigb.org/ri-masterclasses-code-conduct> | | | | | | | | | |
| **Photo consent**: I give approval for the Masterclass organisers and the Royal Institution (Ri) to take and use images and videos of the Masterclasses which may include my child, for outreach, fundraising, reporting and media purposes, including on social media. I understand that my child will not be named by the Ri. | | | | | | | | | |
| **Tick to confirm or reject photo consent: YES** 🞎 **NO** 🞎 | | **Your initials:** | |  | | | | | |
| **Signed:** |  | | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **Confirm your email address:** | | | | | | | | | |

*[DELETE BEFORE SENDING: Universities can add an additional question regarding consent for data to be stored on the HEAT database, provided they have a Joint Data Controller Agreement with the Ri and that the consent statement has been approved by the Ri Masterclass team.]*

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 (mainly universities), otherwise delete this red section.

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