**Dear Parents and Guardians,**

As part of the Growing Confidence Project here in Shropshire we have set up some online events for young people to participate in.

We would like to take this opportunity to notify you, that your child has expressed an interest in participating in this event. We would appreciate it if you would take the time to read the information on the event, and then sign below to give your permission for them to participate.

The Growing Confidence Project takes your privacy very seriously and will only use your personal information for the purposes it was intended.

We would like to use the information gathered from questionnaires, interviews and events to use for publicity purposes. These include, but are not restricted to: press releases, leaflets, posters, website and social media channels.

By ticking any box below, you agree to share your information and data with us, giving us permission to use as noted above. Please select what information and data you are happy to share with us.

|  |  |
| --- | --- |
| I agree and consent to my photograph being taken |  |
| I agree and consent to my photograph being used for publicity purposes |  |
| I agree and consent to video footage being taken |  |
| I agree and consent to video footage being used for publicity purposes |  |
| I agree and consent to webinar recording being taken |  |
| I agree and consent to webinar recording being used for publicity purposes |  |
| I agree and consent to undertaking questionnaires |  |
| I agree and consent to my responses from my questionnaire being used for publicity purposes |  |

Growing Confidence will ensure your information is not kept longer than is necessary and will retain the minimum amount of information it requires to carry out its statutory functions and the provision of services. You have the right to withdraw your consent at any time. If you wish to withdraw your consent, you can do so by contacting us via kath@ShropshireWildlifeTrust.org.uk. We will process your request within five working days.

|  |  |
| --- | --- |
| **Name of participant:** |  |
| **Date of birth:** |  |
| **Signature:** |  |
| **Date:** |  |
| **If you are under 18, please ask a parent/guardian to sign and date here:** |  |