

FIRST STORY

CONSENT FORM

Thank you for taking part in our programme.

First Story Limited is a UK registered charity. We aim to help you make the most of your creativity, whether you're taking part in a writing workshop, competition, festival, event or some other part of our programme.

Consent and acknowledgement

In return for our arranging for you to take part in our programme, you agree and acknowledge as follows:

- 1 *Your contributions* – You consent to taking part in the First Story programme.

You also consent to being photographed, filmed and/or recorded by or for us in connection with the programme – unless you would prefer to opt out of that, in which case please tick this box:
- 2 *Grant of rights* – We may use (and authorise the use of) your authorised contributions for all purposes that are consistent with our charitable status by any means. Accordingly, you:
 - a. grant us a non-exclusive licence to use your contributions for those purposes;
 - b. grant us every consent that may now or later be required by law for such use;
 - c. accept that we may edit your contribution as appropriate for such use; and
 - d. accept that we shall credit you as a contributor, but only where reasonably practical or suitable.
- 3 *Privacy notice* – You acknowledge that we shall use your personal details:
 - a. for all purposes of delivering our programme;
 - b. when conducting surveys of our programme (the responses to which we may cite in anonymised form in publications and funding applications); and
 - c. for any other relevant purposes described in our privacy notice, which is available on our website at https://www.firststory.org.uk/privacy_statement/.

You acknowledge that you have read that notice, which explains the personal data that we collect from you, and how, why and how long we process that information.

Please sign below:

YOUR DETAILS	
Full name (<i>please print</i>):	
School name:	
Date of birth:	
Signed:	Dated:

If you are under 18, your parent/guardian must also sign here:

PARENT / GUARDIAN DETAILS	
Full name (<i>please print</i>):	
Email:	
Contact number:	
Declaration: I am the parent/guardian of the above child, and I approve my child's agreement and acknowledgement above.	
Signed:	Dated: