



Contact Form



Name	
Known by	
Age	_____
D.O.B.	___/___/___
Address	_____ _____ _____

Best contact (please tick)		
<input type="checkbox"/>	Text	_____
<input type="checkbox"/>	Email	_____
<input type="checkbox"/>	Mobile	_____
<input type="checkbox"/>	Landline	_____

Medical knowledge

This form is needed to ensure that while you are with us, we have the information to enable us to provide the best solution should you have an accident or be taken ill.

Have you any medical issues or disabilities we need to be aware of? If yes, please explain briefly.	_____ _____
Do you have any allergies, e.g. plasters?	_____ _____
Are there any other factors we need to be aware of, e.g. anxiety, claustrophobia?	_____ _____

Should the student be taken ill or have an accident, they may need emergency treatment. If we are unable to contact parent/guardian/next-of-kin, please sign below that we are able to proceed with emergency treatment.

I agree to any emergency treatment needed in an emergency

Student signature

.....

Date

Signed young person

Signed parent

GDPR Statement

MAC, in order to work with you, has a legitimate interest in processing your personal information (e.g. name and contact details). Your information will be processed in accordance with GDPR 2018. Your information will only be seen by authorised MAC personnel. The information will be kept securely for the duration of your involvement with MAC. After this, your information will be securely and permanently destroyed. Your personal information will not be shared with any external organisation without your explicit consent unless there is an immediate risk of substantial harm to yourself or others or under a legal requirement. If at any point you believe the information we process on you is incorrect you can make a request in writing to see this information and have it corrected or deleted, for details of how to do this please speak to a member of MAC staff.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio, video or in photographic form without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational/training settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational presentations
- Online educational resources/company website
- Educational videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organisation utilising this material for educational and/or training purposes.

Full name:

Parent name (if under 18):

Address:

City:

Post code:

Phone:

Email address:

Signature:

Date:

Parent signature (if under 18):

Date: