



Thanks for signing up for a GILIL Academy taster session, we hope you enjoy it!

To make sure you have the best experience possible we need to collect some contact and medical information. This information will be stored and processed in accordance with our GDPR and privacy policy which is available to view at www.loudinlibraries.com

Your name: [Redacted]

Young person's name and D.O.B: [Redacted]

Emergency Contact Number for your young person under 18 - to be contactable for the duration of the session: [Redacted]

Email: [Redacted]

Address: [Redacted]

Your young person's preferred pronouns: [Redacted]

Your young person's ethnicity: [Redacted]

	YES	NO	N/A
Do you / your young person have any medical needs or mental health support requirements we need to be aware of? If yes please supply details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you / your young person have any medication with you? If yes please supply details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please confirm that you / your young person have supplied all essential medication. Please note that the use of auto injectors is subject to trained staff being available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We take photographs of sessions for evaluation and marketing purposes. These images may be shared on social media. Do you consent to you/ your young person being photographed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you be collecting your young person from the workshop? If someone else is collecting them please advise staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy for us to add you to our database and contact you by email with details of upcoming workshops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything else we need to know?			

[Redacted]