

# Phab Club Torbay

## Contact consent form

Data collected on this form will be stored securely and used for the purpose of contacting young people about Phab club events.

Name of Phab club member.....  
.....

### Communication methods

Please tick the boxes below to give permission for the particular item.

I give permission for Phab Club Torbay to:-

Send out text messages

Send out E-mails

Use Facebook

Take photos/videos

Contact details (of young person) – fill in if applicable

**Mobile number.....**

**E-mail.....**

**Full details of our communication and social media safeguarding policy are on our club website.**

**Consent**

**I hereby grant Phab Club Torbay consent to process my personal data for the purpose set out above.( to be signed by a parent/guardian if young person is under 13)**

**Signed:.....**  
.....

**Date:-.....**  
.....

**If you have a query about how your personal data is used by Phab Club Torbay please contact the data protection co Ordinator who can withdraw consent at any time.**

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Nationality:</b>	

<b>Address:</b>	
<b>Contact number:</b>	
<b>Email:</b>	
<b>Emergency contact:</b>	
<b>School/Coll ege</b>	
<b>What is your disability:</b>	
<b>Triggers:</b>	
<b>Key worker/Soci al worker</b>	
<b>Medication:</b>	
<b>Allergies:</b>	
<b>Vegetarian? Y or N</b>	
<b>Comments:</b>	

