#### Application for Youth Training Workshop Version 5.1

|  |  |
| --- | --- |
| Course Title and Venue | Date |
| Name |  |
| Address  |  |
| Telephone / mobile No |  |
| Email address |  |
| AWGB membership No |  |
| Date of Birth  |  |
| Branch/Club (if applicable) |  |

**Woodturning Experience:**

Please use this box to tell us about your woodturning experience

|  |
| --- |
|  |

To be completed by the Parent or Guardian

|  |
| --- |
| NameAddressTel No |
| Doctors NameDoctors Tel NoPlease list any known medical conditions |

By completing this application, the applicant confirms that he/she has read and understood the following:

*“As a student I understand that if I am required to follow all instructions from the course tutor in respect of safety and behaviour. I understand that if I repetitively fail to observe such instructions I will be asked to leave the course.”*

**Data Protection:** The information you provide on this form will be used for dealing with your application. We may pass on your contact details to the course provider. By signing this form you are giving consent for the AWGB to use your data as described here and in our privacy policy which can be found at www.awgb.co.uk/privacy-policy. Your data will be used and stored in accordance with this policy.

**AWGB Parental Consent Form**

This form is used when young people under the age of 18 years of age are participating at an AWGB Event. It also provides a record that consent has been given (or not) for photographs to be taken and used.

|  |  |
| --- | --- |
| Name of Event: |  |
| Date of Event: |  |
| Name of Young Person: |  |
| Age of young person: |  |
| Name of Parent/Guardian/Carer: |  |

**To be signed by the Parent/Guardian/Carer**

As the Parent/Guardian/Carer of the young person named above I give consent for him/her to take part in the event. I understand that where this involves use of equipment, full instruction on safe use of the equipment will be given and its subsequent use will be overseen by a competent adult, aged over 21 years.

Signed ……………………………………………………………………………………..

Date………………………………………………………………………………………….

As the Parent/Guardian/Carer of the young person named above I understand that the AWGB or its representative(s) may wish to take photographs of him/her during the event. I understand that these photographs may be used on social media (including Facebook and Twitter), AWGB publications such as Revolutions and the AWGB website, the press, and other woodturning magazines and publications in perpetuity and that these photos may be seen around the world. I do/do not *(delete as appropriate)* give my consent to such photographs being taken and used as described.

Signed ……………………………………………………………………………………..

Date………………………………………………………………………………………….

**To be signed by the young person**

I understand that the AWGB or its representative(s) may wish to take photographs of me (the young person named above) during the event. I understand that these photographs may be used on social media (including Facebook and Twitter), AWGB publications such as Revolutions and the AWGB website, the press, and other woodturning magazines and publications in perpetuity and that these photos may be seen around the world. I do/do not *(delete as appropriate)* give my consent to such photographs being taken and used as described.

Signed ……………………………………………………………………………………..

Date………………………………………………………………………………………….