

**Parent/carer keeps this section**

**The Studio, 26 Romsey Road, Wolverhampton WV10 6EX**

Tel: **07762 213885** Email: **realartsworkshops@gmail.com** Web: [**www.realartsworkshops.co.uk**](http://www.realartsworkshops.co.uk)

**CONSENT FOR ART ACTIVITIES:
Winter HAF\* Art/Craft/BSL Activities 20,21,23,24 December 2021**

**Your Child has been selected for / is taking part in a Real Arts Workshops, (referred to in this document as ‘RAW’) creative / British Sign Language session(s). These are funded by City of Wolverhampton Council and the Department for Education and running from 20th– 24th December on weekdays 10am – 2.30pm (but not on Wednesday 22nd Dec)**

**These sessions are free\* and all materials are provided, they are accessible to most young people and no previous art skills are needed.**

The course tutor can be contacted on the number / email below if you have any questions. All our staff and volunteers are highly qualified, have enhanced DBS checks and have many years’ experience in education and/or arts settings and are used to working face to face with all sorts of groups of people. All of our company policies can be found on our website [www.realartsworkshops.co.uk](http://www.realartsworkshops.co.uk) and can be provided upon request.
**These sessions are carefully designed to create a creative and fun experience.**

**We are asking permission for [you/your] child to take part in :**

**Winter Art, Craft and BSL sessions – \*Holiday Activities and Food (HAF) Programme**

This activity aims to:

* Encourage engagement with the arts for ages **[10-16]**
* Be accessible to a wide range of abilities, from beginner to advanced
* Put the learner at the centre and regularly ask for feedback and ideas on activities
* Promote positive mental health and well being
* Be inclusive and fun

It lasts for : **4 DAYS**

**Mon 20th ,Tuesday 21st, Thursday 23rd and Fri 24th December 2021. Prompt start time = 10am. Finish time is 2.30pm.**

And takes place at:

* **The Way Youth Zone, School Street, Wolverhampton WV3 0NR**

Lead Tutor Name: **Alex Vann**

Tel: **07882 685923**

Email: **realartsworkshops@gmail.com**

**EVALUATION / MONITORING DATA**

**RAW is being evaluated by** **an external social impact research company and also monitored by the project funders**. We may ask [young people] for their thoughts in small group discussions / paper based feedback forms. By taking part in evaluations, [your child’s] attendance will be recorded and this will be used to judge the effectiveness of the project(s).

All information will be used and stored confidentially. The information may be used in reports but [your child] will not be identified. We ask you to complete Monitoring information at the end of this form.

We would also like to ask you/ young people to provide feedback about their wellbeing at the end of the activity and their opinions about whether they enjoyed it, what they learned and whether they felt it was useful to them and what things they would like to change for future projects.

**WHAT ARE THE BENEFITS OF TAKING PART?**

There is no guaranteed benefit in taking part in **RAW activities**. However, we have found that most people who have taken part in our workshops find them rewarding. Our aim is to encourage engagement of the arts for a whole range of reasons including **building confidence; Breaking down barriers; enabling self-expression; trying something new; making new friends; having fun; learning new skills; taking ownership.**

**WHAT ARE THE POSSIBLE RISKS / DISADVANTAGES OF TAKING PART?**

Other than Covid 19 (below), there are no known risks / disadvantages of taking part in the activities or surveys. If any risks or disadvantages become known to us you and your child will be notified immediately.

**COVID 19**

We are taking precautions to reduce the spread of Covid 19 and are working to the current Government and NYA guidance: <https://nya.org.uk/guidance/> as well as current risk assessments for RAW and The Way Youth Zone.

* **Any breach of the behaviour code will result in the young person being removed from the session, and parent / carer will be called to collect.**

**HOW WILL MY / MY CHILD’S DATA BE STORED AND WHO WILL HAVE ACCESS TO IT?**

All information will be treated as strictly confidential. All data will be collected and stored in accordance with the General Data Protection Regulation 2018.

**Please complete this section and return by email to** **RealArtsWorkshops@gmail.com** **or by post to the address below**

**RAW ACTIVITY CONSENT FORM**

**I give permission for the child in my care to take part in the activity and for monitoring data to be shared as detailed above. Please write/type ‘X’ here:** **[ ]**

**YOUR DETAILS**

**YOUR** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY** **contact number 1** (*required*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name \_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY** **contact number 2** (*desired*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR** Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR** Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR** E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUNG PERSON’S DETAILS**

**Child’s** Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s** Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s** Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary [ ] Primary [ ]

**Child’s** Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s** Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s** Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary [ ] Primary [ ]

**Child’s** Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s** Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s** Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary [ ] Primary [ ]

**YOUR SIGNATURE (or type if completing in Word)**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food is included in this project:**

**Please let us know of any of your child’s / children’s :**

**Known allergies**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary requirements** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Other known illnesses / medications we should know about:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID 19**

**(Please tick)**

[ ]  **I confirm that myself / my child is not experiencing any symptoms of Covid: for example a new and consistent cough / high temperature / loss of sense of taste or smell**

[ ]  **I confirm that myself / my child has not recently tested positive for Covid-19**

[ ]  **I confirm that myself / my child is not shielding or been asked to self isolate**

**Photography and Video.**

Real Arts Workshops (RAW) would like to be able to share photographs and video of the work created by young people on this project across their social media channels and with City of Wolverhampton Council.
This includes website, YouTube, FaceBook, LinkedIn, Instagram and Twitter.

[ ] Please ‘X’ the box to confirm that this type of photography and sharing is acceptable. If you are using an electronic form please type ‘**YES’** here\_\_\_\_\_\_

Otherwise please use this space below to indicate “NO MEDIA” or tell us about any other restrictions regarding photography of your young person:

**ATTENDANCE**

My Child will attend:

[ ] **ALL 4 DAYS** of the project .

**OR (***tick all that apply):*

[ ] MON 20th Dec

[ ] TUE 21st Dec

[ ] THU 23rd Dec

[ ] FRI 24th Dec

**MONITORING INFORMATION *(shared with funder along with child’s age)***

 **\*Our sessions are being delivered through the Holiday Activities and Food (HAF) Programme. Children and young people with a current / protected benefits-related Free School Meals (FSM) claim are able to access HAF-funded activities and food for free.**

**Please type or write a ‘X’ here to confirm your young person meets this requirement:** [ ]

**Ethnicity, please ‘x’ the one that best describes your child**

[ ] Asian or Asian British – Indian

[ ] Asian or Asian British – Pakistani

[ ] Asian or Asian British – Bangladeshi

[ ] Chinese

[ ] Other Asian or Asian British

[ ] White and Black African

[ ] White and Black Caribbean

[ ] White and Asian

[ ] Other Mixed Background

[ ] Black or Black British – African

[ ] Black or Black British – Caribbean

[ ] Other Black or Black British

[ ] White – British

[ ] White – Irish

[ ] White Gypsy/ Irish Traveller

[ ] White – Other European

[ ] Other White

[ ] Arab

[ ] Any Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Prefer not to say

**YOUNG PERSON’S GENDER**

**Please ‘x’ how your young person prefers to identify:**

[ ] **M**

[ ] **F**

[ ] **Non Binary**

[ ] **Prefer not to say**

**SEND**

Do you consider your child has a Special Educational Need?

Y [ ] / N [ ] (details - optional)\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Disabilities**

Does your child have a disability?

Y[ ] / N [ ] (details - optional)\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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