**Example Consent Form Template**

The template below provides an example of a form for gaining consent only and does not include medical or supporting information. Please be aware that consent must be *informed* and as such the process of gaining consent should be linked to other pertinent programme information and processes. Youth work organisations are likely to have systems in place for gaining and recording parent/carer consent already and there is additional information about consent in this section here.

**Notes:**

Information provided below which is ***[contained in brackets, written in italics and highlighted in yellow]*** is guidance information and explanatory notes to support organisations to edit this template into a workable form which meets their specific needs.

Text ***[in brackets and highlighted in orange]*** needs to be edited.

All other wording used in this template is provided as an example and is designed to be edited and adapted as necessary to meet the needs of specific programmes and align with other key organisational policies procedures and standards. Information and questions included provide a minimum standard and it is likely that many youth programmes will need to add to this form.

**Example consent form**

1. **Programme / Activity information:**

***[more detail may be provided in other documentation which may be linked to from this consent form. Young people and parents/carers must have had such documentation shared with them and been given the opportunity to review, understand and ask questions about the information shared before completing any consent form.***

***Such documentation may include but is not necessarily limited to: an information or welcome pack, a safety or risk summary, data protection/privacy policies, medical & supporting information form; code of conduct or behavioural policy, critical incident/emergency response plan; insurance arrangements; any terms and conditions including financial commitments]***

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) of activity:  |   | Location:   |   |
| Description of activity / what young person will be doing:  |         |
| Purpose / objectives of the programme / activity(ies)  |         |

1. **Young person’s details:**

|  |  |
| --- | --- |
| Full name:  |   |
| Home address:  |     |
| Contact phone number:  |   |
| Email address:  |   |
| Date of birth:  |   |
| Gender:  |   |

1. **Emergency contact information**

Who is the first person you would like us to contact in the event of an emergency?

***[It may be helpful to identify an order of priority for emergency contacts to avoid any confusion or cause inadvertent distress, for example where parents may be separated.]***

|  |  |
| --- | --- |
| 1st emergency contact name:  |   |
| 1st emergency contact home address:  |     |
| 1st emergency contact phone number:  |   |
| 1st emergency contact email address:  |   |
| 1st emergency contact relationship to young person  |   |

If your first emergency contact is not available, who would you like us to contact?

|  |  |
| --- | --- |
| 2nd emergency contact name:  |   |
| 2nd emergency contact home address:  |     |
| 2nd emergency contact phone number:  |   |
| 2nd emergency contact email address:  |   |
| 2nd emergency contact relationship to young person  |   |

1. **Parent / carer details (if young person is U18):**

***[it is often helpful to distinguish between parents/carers and emergency contacts as these will not always be one and the same]***

|  |  |
| --- | --- |
| Is one or both of the emergency contacts listed above your parent/carer?: *(please delete or circle as applicable)*  If the answer is no, please provide parent/carer information below.  | Yes / No |
| If only one of the emergency contacts is a parent/carer please indicate which one: *(please delete or circle as applicable)*  | 1st emergency contact2nd emergency contact |

|  |  |
| --- | --- |
| Parent/carer name:  |   |
| Parent/carer home address:  |     |
| Parent/carer contact phone number:  |   |
| Parent/carer email address:  |   |
| Parent/carer relationship to young person  |   |

1. **Young person consent (please tick)**

|  |
| --- |
| * I agree to take part in the stated programme and proposed activities
 |
| * I confirm I have read and understood the information sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
 |
| * I agree to receiving any medical treatment that I may need
 |
| * I agree to ***[insert youth organisation name]*** sharing my personal data such as medical or dietary information with third parties if and as required to keep me safe. I understand that only necessary information will be shared in line with ***[insert youth organisation name]’s***data privacy and protection policy.
 |
| * I agree to being filmed or photographed during the programme. I understand that these photographs/media recordings may be used for publications or marketing publicity to tell other people about what ***[insert youth organisation name]*** does **[if not already included in data privacy and protection policy as mentioned above]**
	+ - If I don’t agree to this I understand that ***[insert youth organisation name]*** will not use any images or recordings taken of me during the programme
 |
| * I understand that to stay safe and enjoy the programme I must follow the code of conduct and any safety rules communicated to me by programme staff.
 |
| * Data privacy & protection:
* All information provided is treated in strict confidence by ***[insert youth organisation name]*** and will remain confidential. In certain circumstances we may wish to discuss some things with you in greater detail and you should be aware that to enable your participation in the programme we may need to contact your doctor or GP. To support you better whilst participating in the programme some information will also be communicated with specific members of the programme staff team.
* ***[provide link to the organisation’s data privacy and protection policy]***
* I agree with ***[insert youth organisation name]’***s Data Privacy & Protection Policy
 |
| * ***[provide link to the organisation’s terms & conditions for the specific programme]***
* I agree with ***[insert youth organisation name]’***s Terms and Conditions
 |
| * Medical information:

*The information provided in this form is true to the best of my knowledge at this current time and I will update****[insert youth organisation name]****if there are any changes to my medical conditions or other needs and any changes to emergency contact details prior to the commencement of the programme. This will include updates on emotional wellbeing or mental health issues that might be helpful for youth workers to provide me with a safe and successful experience. I understand that providing full and accurate information will help to safeguard myself during participation in the programme and failure to do so may put myself and/or others at risk. I further understand that a deliberate non-disclosure of an existing condition may invalidate the terms of insurance and I may be liable to cover costs of required medical treatment in the event of an incident or emergency.* * I agree with the statement above
 |
|  Print name:   |
| Signature:   |
| Date:  |

1. **Information for parents/carers**

***[this section should be used to highlight and detail any parent/carer responsibilities or expectations pre and during the programme. The following is provided as an example and is not an exhaustive list. Organisations should ensure information included here pertains to the specific needs of the programme and young people participating]***

***[Name of youth work organisation]*** aims to provide a safe and enjoyable experience for every young person. To help us do this, please note the following important information:

* Parents and carers must ensure they notify us of any changes to the information given on the form
* ***[information detailing how parents/carers should do this should be included here]***
* Parents and carers must make arrangements for young people to be brought to and from the programme safely and on time. If a parent or carer is not able to collect their child, they need to let us know in advance who will be doing so.
* We cannot take responsibility for any damaged clothing and/or personal items during the activity.
* Parents and carers should ensure children have sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.

1. **Parent/carer consent (required if young person is under 18)**

|  |
| --- |
| * I/we agree to my child taking part in the stated programme and proposed activities
 |
| * I/we confirm I/we have read and understood the information sheet. I/we have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
 |
| * I/we agree to any medical treatment that my/our young person may need being given in an emergency
 |
| * I/we agree to ***[insert youth organisation name]*** sharing personal data such as medical or dietary information with third parties if and as required to keep my/our young person safe. I/we understand that only necessary information will be shared in line with ***[insert youth organisation name]’s***data privacy and protection policy.
 |
| * I/we agree to my/our young person being filmed or photographed during the programme, with the possibility that these photographs/media recordings may be used for publications or marketing publicity **[if not already included in data privacy and protection policy as mentioned above]**
	+ - Note: if consent is not given, ***[insert youth organisation name]*** will not use any images taken during the programme that contain the young person
 |
| * I/we understand that my/our young person needs to follow the code of conduct and any safety rules so that ***[insert youth organisation name]*** can keep them and others safe.
 |
| * Data privacy & protection:
* All information provided is treated in strict confidence by ***[insert youth organisation name]*** and will remain confidential. In certain circumstances we may wish to discuss some things with you and your young person in greater detail and you should be aware that to enable your young person’s participation in the programme we may need to contact their doctor or GP. To support your young person better whilst participating in the programme some information will also be communicated with specific members of the programme staff team.
* ***[provide link to the organisation’s data privacy and protection policy]***
* I/we agree with ***[insert youth organisation name]’***s Data Privacy & Protection Policy
 |
| * ***[provide link to the organisation’s terms & conditions for the specific programme]***
* I/we agree with ***[insert youth organisation name]’***s Terms and Conditions
 |
| * Medical information:
* *The information provided in this form is true to the best of my knowledge at this current time and I/we will update****[insert youth organisation name]****if there are any changes to my young person’s medical conditions or other needs and any changes to emergency contact details prior to the commencement of the programme. This will include updates on emotional wellbeing or mental health issues that might be helpful for youth workers to provide a safe and successful experience for my young person. I understand that providing full and accurate information will help to safeguard my young person during their participation in the programme and failure to do so may put my young person and/or others at risk. I further understand that a deliberate non-disclosure of an existing condition may invalidate the terms of insurance and I may be liable to cover costs of required medical treatment in the event of an incident or emergency.*
* I/we agree with the statement above
 |
| Print name:   |
| Signature:   |
| Date:  |