

Audrey.M.Cameron@ed.ac.uk

Signing Science

Please complete and return to
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YOUNG PERSON'S NAME

SCHOOL YEAR & DATE OF BIRTH

SCHOOL/COLLEGE NAME

SCHOOL/PARENTS CONTACT DETAILS

NAME

RELATIONSHIP TO YOUNG PERSON

EMAIL

MOBILE

SPECIAL DIETARY REQUIREMENTS (IF ANY)

PRESS, PUBLICITY AND FILMING CONSENT

We wish to use images, audio or video from the workshop to promote the work of The University of Edinburgh, the Medical Research Council, the British Sign Language Glossary and Scottish Sensory Centre. To comply with the Data Protection Act 1988 we require your permission to do this. Any images, video or audio taken will be stored digitally on a secure server.

Parental/Guardian Consent: I do / do not agree (delete as applicable) for my child to appear in photographs/video/audio recording taken for publicity, information and exhibition purposes including those promoted via the internet. This may include print and digital media formats including print publications, websites, e-marketing, posters, banners, advertising, film, audio and social media.

FULL NAME OF PARENT/CARER

ADDRESS

TELEPHONE NUMBER

EMAIL

SIGNATURE OF PARENT/CARER

DATE