

BRITISH WOOL

PARENTAL CONSENT FORM



Form to completed by the Parent or Carer for attendees under the age of 18 years old on the date of the course. Granting consent for them to undertake a two day Machine, Blade shearing or a one day Wool Handling course.

British Wool will take responsibility for ensuring the safe running of the course.

In the event of an accident, or concern arising involving an attendee under the age of 18, British Wool will liase with the parent or Carer listed on this form. Details on this form will be held securley according to GDPR rules and only shared with staff who need this information in order to meet the specific needs of your Young Person.

COURSE DETAILS

Dates of Course:	<input type="text"/>
Course Location:	<input type="text"/>

SECTION 1

*Details of under 18 year old attendee
Please complete the information below:*

Forename:	<input type="text"/>
Middle Name:	<input type="text"/>
Surname:	<input type="text"/>

Home Address:	<input type="text"/>
Post code:	<input type="text"/>

Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Date of Birth:	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
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SECTION 2

*Details of Parent or Carer
Please complete the information below:*

Forename:	<input type="text"/>
Middle name:	<input type="text"/>
Surname:	<input type="text"/>

Home Address:
(If different to above)

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Post code:

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Telephone number:
Email address:

I agree to (please circle):

Y	N
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I confirm I am over the age of 18 years old

SECTION 3

*Details of Emergency contact - different to parent or Carer listed in Section 2
Please complete the information below:*

Forename:
Middle name:
Surname:

Home Address:
(If different to above)

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Post code:

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Telephone number:
Email address:

I agree to (please circle):

Y	N
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I confirm the emergency contact is over the age of 18 years old

SECTION 4

*Details of medical contact for attendee
Please complete the information below:*

GP Name:

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GP Address:

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Postcode:

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Telephone Number:
Email Address:

SECTION 5

Details of medical information

Please complete the information below:

Do we need to provide any extra help, for example, because of a disability, or are there any activities that your Young Person cannot participate in?

Yes	No
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If yes, please provide details;

Do we need to know about any medical conditions or allergies? (if yes, please provide details of the condition(s) and any medication needed.

Yes	No
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(if yes, please provide details of the condition(s) and any medication needed).

Is there anything else you think we should know?

Yes	No
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If yes, please provide details;

SECTION 6

Information for Parents or Carers

British Wool aims to provide a safe and enjoyable experience for every child or young person. To help us do this, please note the following important information.

- 1) All questions on the consent form must be completed and signed by the parent or carer before any child takes part.
It is British Wool policy that we secure parental consent for dependants under the age of 18 to participate in British Wool training programs. This protocol ensures compliance with our legal requirements and reinforces our commitment to maintain a safe environment for all participants. We value transparency and communication with parents and legal guardians to ensure that they are fully informed and supportive of their dependants involvement in our training initiative. The procurement of this information allows us to prioritise the wellbeing of all individuals involved in our training programs.
- 2) Parents and carers must ensure they notify us of any changes to the information given on the form.
- 3) Parents and carers must make arrangements for children to be brought to and from the activity 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.
- 4)

- 5) We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- 6) Parents and carers should ensure children have sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.

SECTION 7

Parental Consent

I agree to (please circle):

Y	N
Y	N
Y	N
Y	N

My child taking part in the stated activity

British Wool to keep a record of this form for health and safety reasons

Any medical treatment that my child may need to be given in an emergency

My child being filmed or photographed during the activity, with the possibility that these photographs/media recordings may be used for publications or marketing publicity. (British Wool will take all steps to ensure these images are used solely for the purposes for which they are intended.)

Note: If consent is not given, British Wool will not use any images taken during the activity that contain the child/young person.

I understand that my child needs to follow the behaviour code and any safety rules so that British Wool can keep them and others safe.

Print Name:

Signature:

Date:

SECTION 8

Young Persons' Consent

I agree to (please circle):

Y	N
Y	N
Y	N
Y	N
Y	N

Taking part in the activity

Talk to Lead Instructor, if I am not comfortable at any time during the activity so they can help me or arrange for me to do something else

British Wool will be keeping a record of this form so they have the information they need to keep me safe during the activity

Receiving any emergency medical treatment that I may need

Being filmed or photographed during the activity. I understand that the photographs or film might be used to tell other people about what British Wool does.

Note: If I don't agree to this, British Wool will not use any images of me. I understand that enjoying the activity and being safe means I need to follow the behaviour code and safety rules

Print Name:

Signature:

Date:
