**Parental Permission Form**

**Concern Online Debates**

*This form is to be signed by a child under 18 and the parent/guardian of any child under 18 taking part in one of Concern’s Online Debates Programme. Due to social distancing measures, students participating in the Concern Online Debates programme will be asked to have their debates speeches filmed for each motion and then sent to the Concern Debates team. Concern will share the video with a volunteer adjudicator to mark via secure and private sharing.*

*These videos will be the student’s personal data. Concern processes this personal data for the specific purposes described below, and based on the student’s and parent’s/guardian’s consent which can be withdrawn at any time without affecting Concern’s use prior to that withdrawal. Where permitted, Concern stores and actively uses videos for 3 years after which time it is archived by the organisation.*

*For more information on Concern’s commitment to data protection, your rights and contact information, please visit our privacy policy at* [*www.concern.net/about/privacy*](http://www.concern.net/about/privacy)

*Please contact your Concern focal person if you have any questions*

***Core Purpose (please tick to indicate consent):***

*I confirm that I am happy for my child to provide a filmed debate speech for the purpose of being involved in the Concern Online Debates*

***Other Purposes (please tick to indicate consent)***

*I confirm that Concern may share the video footage or screenshots of the student’s filmed debate to promote its work and the Online Debates:*

* *On its websites*
* *On Social Media*
* *In press releases/media*
* *In promotional material/brochures/newsletters*

***Can we use (please tick to indicate consent)***

* *your child’s own name to identify them*

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CITIZENSHIP