**Group-Led Volunteering Additional Booking Information**

School/Organisation Name:

Title of Event:

Date of Event:

**Who will be volunteering at the Trust?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Participant | M/F | DOB | Parent/Guardian consent obtained for young person to take part | Parent/Guardian consent obtained to store personal data | Parent/Guardian consent for photography and use by BWC | Parent/Guardian has given a self-certification form of good health (if required) |
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| Accompanying Adult(s):Name | DBS Number | Occupational Health Form | Consent for Photography and use by BWC | Contact Details (Phone & Email)  |
|  |  |  |  |  |
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