**PERSONAL DETAILS FORM**

So that the Committee has the information it needs to ensure that you are correctly advised of any concerts or rehearsals, including any cancellations of rehearsals, please provide the following information below, fill in any blank boxes, sign the form and return it to Kathryn Hall, Secretary within two weeks of receipt of this form.

All information provided on this form will be stored securely in line with the Data Protection Act 1998, and protected against unlawful or unauthorised use. It is the policy of The Royal Sutton Coldfield Orchestra that all personal information is used only for orchestra purposes and is never passed on to anyone outside the organisation without consent.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I am happy for the Secretary to store my telephone number on her personal mobile phone.

□ I declare that the information provided is correct to the best of my knowledge. I will inform the Secretary if

any of the information changes in the future.

The Royal Sutton Coldfield Orchestra enables us to take part in exciting events. During these events photos and/or videos may be taken. Please indicate which **one** of the statements below you agree to.

□ I am happy for photographs/videos to be taken of me during orchestra activities and used in national and local

Orchestra publicity, communications, publications or digital channels (eg websites, social media).

OR

□ I am happy to be included in group photographs of rehearsals/performances for use on our website and social

media. No-one will be tagged or names stated without seeking permission.

OR

□ I do not wish any photographs/videos to be taken of me whilst in undertake orchestra activities.

Any other relevant information i.e. special education needs/medical conditions etc. that the orchestra needs to be aware of during rehearsals/concerts please list below.

**………………………………………………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………………………..**

Many thanks in advance.

***Committee The Royal Sutton Coldfield Orchestra***