

# TASTE YOUR FUTURE



## PLACE BOOKING FORM

YOUNG PERSON'S NAME

SCHOOL YEAR & DATE OF BIRTH

SCHOOL/COLLEGE NAME

|                                   |                              |
|-----------------------------------|------------------------------|
| SCHOOL/PARENTS<br>CONTACT DETAILS | NAME                         |
|                                   | RELATIONSHIP TO YOUNG PERSON |
|                                   | EMAIL                        |
|                                   | MOBILE                       |

SPECIAL DIETARY REQUIREMENTS (IF ANY)

### PRESS, PUBLICITY AND FILMING CONSENT

The BDA takes safeguarding very seriously and will not permit photos, video or any other images of young people without the consent of the child and their parents/carers.

I DO ☐ DO NOT ☐ (please tick as appropriate) agree to my child participating in press interviews, photo shoots and/or television filming or any other reasonable request on behalf of the British Deaf Association.

I DO ☐ DO NOT ☐ (please tick as appropriate) give permission for all press/media coverage and photographs to be used by the British Deaf Association or third party media outlets or broadcasters for promotional purposes both on and off line. No identifiable information will be linked to the images.

FULL NAME OF PARENT/CARER

ADDRESS

TELEPHONE NUMBER

EMAIL

SIGNATURE OF PARENT/CARER

DATE



**Please return completed booking form to:**

Deaf Roots & Pride Team, BDA, Unit 5C Weavers  
Court, Linfield Road, Belfast BT12 5GH.

**T:** 028 9043 783 / **E:** [transitions.drp@bda.org.uk](mailto:transitions.drp@bda.org.uk)



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