



Supporting children, young people and families with deafness

# Membership Registration Form

Please complete and return to the address overleaf in order to be added to our mailing list.

If completing online click on boxes to check them.

## Members details

Name	School	Date of Birth	Medical conditions <small>(Please refer to Forms 1 and/or 2)</small>	Degree of hearing loss <small>(Please tick)</small>	Hearing device <small>(Please tick)</small>	Preferred method of communication <small>(Please tick)</small>
				Child of deaf adult		
				Temporary Moderate Severe Profound	Hearing Aid Cochlear Implant Radio Aid	Speech British Sign Language Sign Supported English
				Temporary Moderate Severe Profound	Hearing Aid Cochlear Implant Radio Aid	Speech British Sign Language Sign Supported English
				Temporary Moderate Severe Profound	Hearing Aid Cochlear Implant Radio Aid	Speech British Sign Language Sign Supported English

## Details of siblings (we like to include all hearing siblings in activities wherever possible)

Name	Date of Birth	Medical conditions <small>(please request Forms 1 and/or 2 from the office if you need to give further details)</small>

If you have more children (deaf, hearing impaired or hearing), please provide the above information on a separate sheet.

**CONTINUE OVERLEAF**

## Contact details

Name of parent(s)/Carer(s)

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Address incl postcode

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Telephone

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Mobile 1

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Mobile 2

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Email

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- Your data will be kept by Lollipop (York & District) for as long as your child is a member under our current GDPR policy which can be found at [www.lollipop.org.uk](http://www.lollipop.org.uk)
- By signing this membership form you agree to receive Lollipop newsletters, Lollipop surveys and regular information about Lollipop activities and fundraising events via email, Mailchimp\* and telephone.
- Your data will be stored securely on Lollipop's intranet and will not be shared with any other agencies (other than Mailchimp) or individuals without your consent.
- If your contact details change, please inform the office so that you can continue to receive invitations to activities.
- If your child's/children's medical conditions change, please inform the office so that we can continue to provide appropriate support at activities.
- We will keep these details so that we can contact you with information about activities and other Lollipop events, and also so that we can adequately support your children at Lollipop events.
- If, at any future date, you wish to end your child's Lollipop membership you will need to contact the Lollipop office.

\*Mailchimp GDPR privacy statement can be found at <https://mailchimp.com/legal/privacy/>

Please tell us how you heard about Lollipop or where you have been referred from:

School

Teacher of the Deaf

Audiology department

Existing Lollipop member

Website

Parent/Carer Signature

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Date

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You can contact Lollipop by email or telephone

Email: [info@lollipop.org.uk](mailto:info@lollipop.org.uk) Phone/Text: **07537 863927**

## Photographic & Film Consent Form

Occasionally we like to record, film or photograph our events and activities. We may use some of this material to promote the work of Lollipop. Please complete the form below to tell us if you give your consent to allow Lollipop to record, film or photograph you and/or your child/children and/or voice. We will store any images/videos and recordings on our secure database and potentially use them for promotional purposes for up to five years, after which they will be deleted from our files.

**If the Lollipop member is under the age of 16, this form must be completed and signed by their parent/carer. If you are the Lollipop member and are over the age of 16, please complete and sign this form yourself.**

**Parent/Carer/Member Name** \_\_\_\_\_ **Date Completed** \_\_\_\_\_

**Address** \_\_\_\_\_

**First child**  
**Name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Second child**  
**Name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Third child**  
**Name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Fourth child**  
**Name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Either complete 1 (to give consent to all), or 2 to give consent for certain items, then sign at the bottom of the page**

**1**

Please *check box* if you consent to **ALL** of the items (a – f) listed in the table below for **yourself/child/children**

Please *check box* if you consent to **ALL** of the items (a – f) listed in the table below for **parent/carer**

**2**

If you do not wish to give permission to all of the items listed, please *check the relevant boxes* for each of the items that you consent

to: <b>I give permissions for Lollipop to use:</b>	Check box if you give consent for <b>your child/children</b>	Check box if you give consent <b>for yourself</b> (parent/carer)	Check box if you give consent <b>for yourself</b> (member over 16)
a. <b>photos and names</b> in digital media for Lollipop (please delete where applicable)			
b. <b>photos and names</b> in social media for Lollipop (please delete where applicable)			
c. <b>photos</b> and <b>names</b> in any publicity or advertising with other organisations or digital and social media.			
d. <b>video and sound</b> on digital and social media for Lollipop			
e. <b>video and sound</b> on digital and social media for other organisations.			
f. <b>voice</b> and <b>names</b> in any live or pre-recorded radio broadcasts* (please delete where applicable) <small>* Arranged and accompanied by a Lollipop representative</small>			

I have read and understood the purpose of this form. I will let Lollipop know in writing if I wish to withdraw this permission in the future.

**Parent/Carer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS FORM AND KEEP IN A SECURE PLACE**