

Please complete this form in capitals, black ink & return to the address below

Child Nominee				
First Name		Surname		
Date of Birth	Age	Male / Female		
Current School				
Are you nominating the child due to financial disadvantage?				YES / NO
Diagnosis/Condition				
Additional Detail				
Please give more details of Diagnosis/Condition, Tell us how your Childs condition impacts on them at Home, School, Out and About				
Does your child use Equipment?	Wheelchair or Buggy	Walking Frame/Sticks	Hearing Aid	Other
If "Other" what?				
How often is the Equipment used?	Little	Often	Mostly	Always
Does your Child take any medication?				YES / NO
Does your Child have care needs relating to incontinence?				YES / NO
Does your Child have Special Dietary Requirements?				YES / NO
If YES, what?				
Does your Child have any Allergies or Intolerances?				YES / NO
If YES, what?				
Additional Information that you think is relevant:				



Please complete this form in capitals, black ink & return to the address below

Parent or Guardian				
Consent: Your privacy is important to us, and we want to communicate with all our members, parents and guardians in a way which has their consent, and in line with UK law on data protection. As a result of a change in UK law, we now need your consent to how we contact you. Please fill in the contact details you wish us to use to communicate with you:				
Mr / Mrs / Miss / Ms / Other...		If "Other" ..?		
First Name		Surname		
Address				
Postcode		Home Tel		Mobile Tel
Email Address				
What is Your Relationship to the Child?				
I consent to ECTC contacting me by:				
<i>(please tick the boxes where you grant consent):-</i>		Email	Text	Phone
Are you a current member of East Coast Truckers?		YES / NO	If "YES" Membership no:	
How did you hear about us?				

By signing this form you are confirming that you are consenting to the East Coast Truckers (ECT) holding and processing your personal data and that of your nominated child for the following purposes:

To keep me informed about news, events, activities and services involving the ECT <i>(note you can unsubscribe from any such communications at any time)</i>	YES / NO
To including my details in the ECT Members or ECT Children's Database	YES / NO
To share my contact details with HMRC for the purposes of claiming Gift Aid on receipt of any donations I shall make	YES / NO

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data (so we may not be able to let you know about forthcoming activities and events) except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Policy" which is available to view on our website or from our Data Protection Officer.

You can withdraw or change your consent at any time by contacting the Child Liaison Officer by email at clo@eastcoasttruckers.co.uk or Data Protection Officer by email at toni@eastcoasttruckers.co.uk. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to that point.

Signature	Date
Print Name	

