

Change Makers Programme

Health & Permission Form 2023-2024

Data Protection Notice

Personal data that you submit to the DCU Access Service (a unit within Dublin City University, the Data Controller) via this Health & Permission Form will be used only in conjunction with your child's attendance at the **DCU Access Service Change Makers Programme** and will be treated in accordance with the DCU Data Protection Policy which can be accessed at this web page: <http://dcu.ie/ocoo/data-protection.shtml>

The DCU Access Service shall only process your data for the purposes for which you provide it:

- to inform DCU of any illness the student has that may require treatment or medication
- to provide contact details in the event of an emergency
- to confirm your consent for the student to attend the U First Programme
- to confirm acceptance of the Ground Rules by you and the student
- to state your preference for the student's inclusion in photos or video of events.

The data provided on this form will be shared with the staff and agents of the DCU Access Service, to the extent required for the delivery of the Change Makers Programme. The DCU Access Service may be contacted at access@dcu.ie

The data you submit will be held for a maximum of one year after the conclusion of the Programme, after which it will be disposed of in line with the DCU Data Protection Policy.

You have the right to access your own personal data submitted on this form on request. The contact details for exercising these rights is the DCU Data Protection Unit within the Chief Operating Officer's Office, which can be contacted at data.protection@dcu.ie

By signing this form, you are giving your consent to the processing of the personal data captured by the form as outlined above.

I have read and understood the Data Protection Notice above and I consent to DCU obtaining, processing and retaining my personal data for the purposes described on this form.

Parent / Guardian's Signature: _____ Date: _____

Health Form

Name of Student: _____

School: _____

Date of Birth: _____

1. This student has an illness requiring treatment/medication: **Yes** **No**

If yes, what is the illness and the treatment required: _____

2. In the event that this student becomes ill, please contact:

Name: _____ Phone: (Day) _____ (Evening) _____

(Please sign permission slip on back of this page)

Permission Slip

Ground Rules:

- Smoking and the possession or consumption of alcohol or drugs are strictly forbidden.
- While taking part in DCU programmes students are responsible for their personal property.
- Students must comply with the procedures and rules of the college.
- Participants must follow all instructions given by a tutor, student helper or member of DCU staff.
- DCU is not responsible for any student who leaves the campus during any programme.

I, the parent / guardian of (name of participant) _____ give consent for my son / daughter to take part in the DCU Access Change Makers Programme. I have completed the Health Form, and both I and my son / daughter have read and agreed to the Ground Rules.

Parent / Guardian's Signature: _____ Date: _____

Your child will be attending DCU Events and the DCU Access Service would like to take photographs and/or record video to publish on their websites and in other promotional material.

I give permission for photographs and/or video of my child's participation in the Programme to be published on the DCU website and in other promotional material. **Yes** **No**

Parent / Guardian's Signature: _____ Date: _____