

EMDP Event:
Date:



EMDP Photography Registration Form

PART 1

FULL NAME (INC TITLE)	
ANY PREVIOUS NAMES	
ADDRESS	
POST CODE	
TEL. NUMBER(S)	
E-MAIL ADDRESS	
DATE OF BIRTH	
GENDER	

Please specify the type of photographic/recording equipment you wish to use:
(e.g Camera, video camera etc.)

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PART 2

Self Declaration (for completion by the individual named in Part 1)

1 Have you ever been convicted of any criminal offences? YES/NO*
If YES please supply details of any criminal convictions:

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NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions.

2 Are you a person known to any social services department as being an actual or potential risk to children? YES/NO*
If YES please supply details:

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3 Have you had a disciplinary sanction (from a sports or other organisations governing body) relating to child abuse? YES/NO*
If YES please supply details:

.....

* Delete as appropriate

IMPORTANT

You have a right of access to information held on you and other rights under the Data Protection Act 1984

I confirm that the information given on this form is correct and that any photos, images or video footage taken at this EMDP event will not be used inappropriately. I agree to assist EMDP in preventing the abuse of young people via inappropriate use of photographic or video images.

Signature: _____ Date: _____

Name: _____