



Sing-a-Story for Sandbach

SOLOIST REGISTRATION & CONSENT FORM

PARTICIPANT DETAILS:

Full Name:	Email Address:
Age:	Postcode:
Contact Number:	Second Contact Number (optional):

Which Solo Part of 'Sleep Now' are you applying for?	
Male Solo []	Female Solo []

USE OF FOOTAGE AND EDITING:

<p>We need your consent. Please tell us below whether you agree to us using & sensitively editing the raw footage you submit to us, to create the artwork 'Sing-a-Story for Sandbach'.</p> <p><i>(Please delete as appropriate)</i></p> <p>Yes, I consent to my raw footage being used and sensitively edited for the Sing-a-Story for Sandbach Artwork.</p> <p>No, I do not consent to my raw footage being used and sensitively edited for the Sing-a-Story for Sandbach Artwork.</p> <p>Further comments:</p>
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If you are under 18, we also need a signed statement as permission from a parent or carer.

I **give/do not give** (*please delete as appropriate*) permission for this participant's raw footage to be used and sensitively edited as part of the Sing-a-Story for Sandbach artwork.

Signed: _____ **Date:** _____

SHARING FOOTAGE:

We need your consent.

Raw footage that you record and send to us as part of the project **will be shared with collaborators of Sing-a-Story for Sandbach** for creating and editing purposes. Please do not share any content with us that you do not want to be passed on in this way, or any content which is not directly relevant to the work.

All footage will be kept within **GDPR rules and regulations**. Raw footage will be deleted from devices once the artwork has been created.

(Please delete as appropriate)

Yes, I consent to my raw footage being passed onto the collaborators of Sing-a-Story for Sandbach for creating and editing purposes.

No, I do not consent to my raw footage being passed onto the collaborators of Sing-a-Story for Sandbach for creating and editing purposes.

Further comments:

CHECKLIST:

Please tick each box below to indicate you have read this information:

- I understand that I will be contacted by Minerva Arts after 24th March to find out whether I have been successful.
- If I am successful, I am committed to taking part in a Zoom one-to-one with the Leo & Hyde team to learn my solo part in *Sleep Now* (to be arranged after application deadline).
- I confirm that all details above are correct and agree this information may be held in accordance with current GDPR rules and regulations.

SIGNATURE:

Please sign and date below. (If the participant is under 18, this must be completed by a parent or carer.)

Signed: _____ Date: _____

**PLEASE COMPLETE AND SUBMIT THIS FORM WITH YOUR
APPLICATION VIA WETRANSFER, OR EMAIL DIRECTLY TO EMILY
EDWARDS: emilyatminerva@gmail.com**

**Please note: we cannot accept submissions without this completed
form. If you have any questions about this form, please get in touch via
the email address above.**