**Young Person Journey – Parent / Guardian Consent Form**

The Youth Sport Trust (YST) is a national charity passionate about creating a brighter future for all children and young people through the power of sport. We are working with your child’s school to capture stories about young people’s involvement in one of our programmes.

The story may include identifiable information about your child, their school, their involvement in the programme and any benefits that they have experienced as a result. It will not include your child’s name (pseudonyms will be used). If you give consent, it may also include the name of your child’s school, photo(s), video(s) and audio recording(s) of your child.

The story, or extracts from it, may also be used to promote the work of YST, including through:

* YST’s printed publications
* YST’s websites or e-newsletters
* YST’s social media activity
* Circulation to press and media

**\*Please be aware that anything published on social media can be shared further than YST’s own social media channels and that YST have no control over this.**

# The YST will be the data controller of the story, including any images, videos or audio recordings, which will be processed in accordance with all applicable data protection legislation. Our full privacy notice is available at [www.youthsporttrust.org/privacy-policy](https://www.youthsporttrust.org/privacy-policy) which sets out how we look after personal information, what your privacy rights are and how you can contact us, e.g. by emailing [privacy@youthsporttrust.org](mailto:privacy@youthsporttrust.org).

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| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| I confirm that I am the parent or legal guardian of the child below. | |  |  |
| I have read and understood the information. | |  |  |
| I give permission for my child’s story to be used by the Youth Sport Trust as outlined above. I understand the story used may identify my child but that my child’s name will not be used in the story (pseudonyms will be used). | |  |  |
| I give permission for my child’s school name to be used in the story. *(optional)* | |  |  |
| I give permission for photo(s), video(s) and/or audio recordings of my child to be used in the story for the purposes outlined above. *(optional)* | |  |  |
| Youth Sport Trust often get media requests for more detail on the work we do. I am happy to be contacted about my child’s story for further detail by the Youth Sport Trust in the future. *(optional)* | |  |  |
| Name of child: |  | | |
| Name of parent / legal guardian: |  | | |
| Email address (or telephone number): |  | | |
| Signed (parent / legal guardian): |  | | |
| Date: |  | | |

Please return this completed form to your child’s teacher who will pass it onto the Youth Sport Trust. If you require any further information, please contact your child’s teacher or the research team at YST on [research@youthsporttrust.org](mailto:research@youthsporttrust.org).