A black background with a black square

Description automatically generated**Request for permission to bring an under-16 visitor onto**

**University premises**

**PARTICIPANTS UNDER THE AGE OF 16**

This form is for use by students and staff who wish to bring an under-16 person onto University premises for the purposes of taking part in a course activity, for example a film or photography shoot.

**Your planned activity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your name: |  | | | | |
| Course: |  | | Year of study: | |  |
| Activity planned (e.g. film, photo shoot): |  | | | | |
| Location(s): |  | | | | |
| Date(s): |  | Time(s): | |  | |

If you do not have the exact dates at point of application, please specify the number of days over which the activity will take place. Note that exact times and dates must be submitted to the Course Leader and relevant Workshop Manager at least 5 working days before to the planned activity.

**Participant details**

*Please use page 2 of this form if you have more than one participant who is under 16 taking part in this activity.*

|  |  |
| --- | --- |
| Name of participant: |  |
| Age of participant: |  |
| Name of parent/guardian: |  |
| Address of parent/guardian: |  |
| Phone number of parent/guardian: |  |
| Email address of parent/guardian: |  |

**Declaration:**

|  |  |
| --- | --- |
| I understand and agree that:   1. The University will contact the parent or guardian to obtain separate consent for the participant to take part in the planned activity. 2. The participant must be accompanied by a parent or guardian at all times. 3. The participant and parent/guardian must be accompanied by me while on University premises. 4. I will advise the Academic Registrar of any changes to my schedule that will result in the participant being present times other than specified above. 5. I have undertaken the relevant health and safety and risk assessment for the planned activity. 6. I will advise the visitor/s of the most current Norwich University of the Arts campus Covid related guidelines for visitors, on collection from Francis House. Advising the visitor/s when entering any University building of the restrictions applied to the area they are entering. 7. I will wear and instruct visitors to wear the required PPE, including the wearing of a mask, when inside campus buildings. 8. I understand the guidelines relating to COVID 19 as set out by the Government and **my** industry regulator and that it is my responsibility to ensure that they are adhered to. 9. Where applicable, I have complied with licencing requirements under the Children (Performances) Regulations 1968 *(please enclose copies of the approved licence (if received), entertainment licence application form, declaration form, health declaration form and school permission form (if applicable)).* 10. Where audio or visual recording is taking place, I have agreed the content with the Course Leader and obtained the relevant permission from those being recorded and/or filmed. | |
| Signed: |  |
| Date: |  |

*For official use:*

|  |  |
| --- | --- |
| Parental/guardian consent obtained? | Yes/No |
| Authorised by Academic Registrar: |  |
| Date: |  |

**Participant 2**

|  |  |
| --- | --- |
| Name of participant |  |
| Age of participant: |  |
| Name of parent/guardian: |  |
| Address of parent/guardian: |  |
| Phone number of parent/guardian: |  |
| Email address of parent/guardian: |  |

*For official use:*

|  |  |
| --- | --- |
| Parental/guardian consent obtained? | Yes/No |
| Authorised by Academic Registrar: |  |
| Date: |  |

**Participant 3**

|  |  |
| --- | --- |
| Name of participant |  |
| Age of participant: |  |
| Name of parent/guardian: |  |
| Address of parent/guardian: |  |
| Phone number of parent/guardian: |  |
| Email address of parent/guardian: |  |

*For official use:*

|  |  |
| --- | --- |
| Parental/guardian consent obtained? | Yes/No |
| Authorised by Academic Registrar: |  |
| Date: |  |

**Participant 4**

|  |  |
| --- | --- |
| Name of participant |  |
| Age of participant: |  |
| Name of parent/guardian: |  |
| Address of parent/guardian: |  |
| Phone number of parent/guardian: |  |
| Email address of parent/guardian: |  |

*For official use:*

|  |  |
| --- | --- |
| Parental/guardian consent obtained? | Yes/No |
| Authorised by Academic Registrar: |  |
| Date: |  |