

Child Protection policy

Third Party Application to use Photographic and Filming Equipment

Name	Telephone Number
Address	Mobile
E-mail Address	

Are you:

The Parent or Guardian of a child member of the band?

Yes

No

A spectator at a band event?

Yes

No

Professional photographer?

Yes

No

Other? (please specify)

Yes

No

Dates for which this application is to apply

Please explain: what purpose you intend to use the photographic or film material for, what you propose to record and where it will be published.

Declaration

I have received, read and understood the band's policy on Photography and Filming and agree to observe its aims and limitations. I agree to allow the Band's Child Protection Officer access to all material I secure. I understand that should I wish to vary the purpose of this application I shall need the agreement of the Band's Child Protection Officer.

Signed		Date	
Name in Block Capitals			
Company Name			

For band use			
Signed		Date	
		Application agreed	<input type="checkbox"/>
		Application refused	<input type="checkbox"/>