



**Photography Information:** As your child is taking part in **the Jury**, we would like permission to photograph and film the sessions to document the project. LYFF has a strict policy about the use of photography as part of our Child Protection Policy and will not publish names next to photos or use photos of children in their school uniforms without specific permission. The images will only be used in **Leeds Young Film Festival (LYFF)** publicity, such as brochures, newspaper articles, by Leeds City Council and some may be put on the **LYFF** and Leeds City Council website. LYFF will securely store all digital images. None of the images or video footage will be sold or exploited commercially. This will involve press photo calls with our freelance photographers, who will be clearly identifiable.

Please indicate at the top of the first page of this form whether you agree that photographs and videos of your child may be taken whilst participating in Leeds Young Film Festival and that these photographs may be used for future publicity for **LYFF** and Leeds City Council, as outlined above, including the following websites: **LYFF** Facebook page (and other official social networking pages) and Leeds City Council. We might also use video footage and content produced to produce DVDs, shown online by LYFF or be shown on the Big Screen on Millennium Square or in other exhibition venues.

Please be aware that your child may be taking part in a public performance/ event where photography for personal/ family use is permitted.

**Please help us evaluating whether we reach out to all parts of our community, by providing the information about the workshop participant below. Thank you!**

<b>How does the participant describe themselves?</b>		Male <input type="checkbox"/>	Female <input type="checkbox"/>	In another way <input type="checkbox"/>
<b>Is the participant disabled?</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>If YES, what type of impairment do they have:</b>		Physical Impairment (e.g. wheelchair user) <input type="checkbox"/>		
Mental health condition (e.g. depression) <input type="checkbox"/>		Sensory impairment (e.g. deaf or blind) <input type="checkbox"/>		
Learning disability or cognitive impairment <input type="checkbox"/>		Long-standing illness or health condition <input type="checkbox"/>		
<b>Ethnic Origin</b> please tick one (You do not have to complete this question but doing so will help us improve our service)				
<b>White</b>	<b>Mixed</b>	<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Other Ethnic Group</b>
British/UK <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Arab
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any Other
Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	
	Other <input type="checkbox"/>	Chinese <input type="checkbox"/>		
		Other <input type="checkbox"/>		
<b>Religion</b> please tick one (You do not have to complete this question but doing so will help us improve our service)				
Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim
Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
<b>Background:</b> Do you consider yourself to be from a disadvantaged background?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Prefer not to say <input type="checkbox"/>	