**Cecchetti Ballet Associates**

**Young Associates**

**GDPR Consent Form**

**Please complete this form clearly and send with your audition paperwork**

Name of Young Associate………………………………………………………………………………

GDPR: \*Please tick the boxes below

For those who have already provided their email addresses, we use your details to send you up to date information regarding classes and activities concerning the Associate programme.

We use the contact details you have given us (including email addresses/telephone numbers/postal addresses, as necessary) to answer your questions, to let you know of any changes within the Associate programme and to place the student’s in the correct classes and to communicate with your dance teacher and any other dance related communication.

Name of Parent/Guardian Block Capitals

………………………………………………………………………………………………………………………

* \*I consent to receiving information and any other required communications from

The Cecchetti Associates programme via email/telephone/text or post

* \*I consent to The Cecchetti Associates programme holding my personal information including name, address, telephone numbers, email address and children’s names and dates of birth to be used within the scheme to place them in the correct classes, communicate with my child’s dance teacher and for any other dance communication.

If at any time you have any queries or wish to change anything related to your data please contact:

committee@cecchettiassociates.dance

Signed………………………………………………………………………………. Dated………………………………………………………….