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**Events Sign Up Form**

Thank you for choosing to support UHCW Charity and helping us to make things better for our staff, our patients and their families. Please fill out your details below.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Address** |  |
|  |
|  | **Postcode** |  |
| **Telephone** |  |
| **Email**  |  |
| **Company Name**  |  | **Job Title** |  |
| **Company Address** |  |
|  |
|  | **Postcode** |  |
| **Work Email** |  |
| **Work Telephone**  |  |

**Details of Support:**

|  |  |
| --- | --- |
| **Fundraising Activity/Event**  | Snowdon Sunrise – Sunday 8 May – 2am-9am  |
| **Fundraising Target** | £ | **Cost** | £ |
| **Chosen Fund To Benefit e.g. General, Stroke, Critical Care etc.**  |  |

**Emergency Contact**

This information will only be used in the event of an emergency and only for the event listed above. This information will not be used after the event.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Relationship**  |  |
| **Address** |  |
|  |
|  | **Post Code** |  |
| **Mobile**  |  | **Work/Day No.** |  |

**Stay In Touch**

If you are happy for UHCW Charity to keep in touch with updates about our charitable activities including events, stories, campaigns and fundraising, please tick how you would like to hear from us and circle contact preference:

Phone [ ] (Personal , Work) Email [ ] (Personal , Work) Post [ ] (Personal , Work)

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_**

**Data Protection Statement**

Other than as specified above, the information that you give us here will only be used to contact you about your support. We will not pass the details recorded on this form on to any other organisation without your permission. How we store and use your data can be found in our [**Privacy Policy**](https://www.uhcwcharity.org/privacy-policy/) (available on our website). We use Mailchimp as our marketing platform. By opting in, you acknowledge that your information will be transferred to Mailchimp for processing. If you wish to withdraw consent at any time or obtain a full copy of this consent form, please contact us at uhcwcharity@uhcw.nhs.uk or call 02476 966 913

**Photography and Videography Consent**

By signing the below, you understand that images and/or recordings taken of you by UHCW Charity, or images of you supplied by you to UHCW Charity, as well as the personal data you provide (such as your name and story) could be used for the purpose of raising the profile of our charitable work.

The images and/or recordings of you may be used in printed publications; adverts; audio-visual and electronic materials; media work; display materials; websites; social media; apps and any other media we may use in the future.

By signing, you understand that once the image(s) or sound recording(s) and information are published they will be in the public domain. Whilst we will not use them for any other purpose we cannot guarantee that others will not reproduce them elsewhere.

**Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_**

**Optional Supporter Story**

|  |  |
| --- | --- |
| **Why are you taking part?** |  |
| **What’s your motivation for supporting UHCW Charity?** |  |
| **Short Quote** |  |