Central England Quakers

Members and Attenders Consent Form

Holding your contact information is important for our Area Meeting as it enables us to operate as a church without paid ministers, or other roles such as registering officers and funeral advisors.

We need to be able to contact people to be a loving, worshipping community, make people aware of opportunities to offer service and to encourage financial support for our work and witness. We seek to balance this with the spirit of GDPR in respecting the privacy of personal data.

These forms will be held in paper form by your Local Meeting’s Pastoral Friends and a copy sent to CEQ’s administrator. You should be given a “privacy statement” with this form. Full copies of our Data Protection Policy are available if you are interested. If you are under 18 please have the form countersigned by your parent or guardian.

To help us govern our charity Britain Yearly Meeting (BYM), as a Religious Society of Friends needs to know: names, membership status, Local Meeting and possibly safeguarding information. This personal information will therefore be passed to BYM:

|  |  |  |  |
| --- | --- | --- | --- |
| First name(s) |  | Surname |  |
| Member/Attender |  | Local Meeting |  |

We will only hold and process any other personal data about you with your consent.

I consent to being contacted in the following ways by office holders in the Area Meeting and Local Meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| Postal Address |  | | |
| Email address(es) |  | Phone Number(s) |  |

Signature:………………………………………….……………… Date:……………………………………….

Periodically Local and Area Meetings publish, in both electronic and paper versions, a directory with contact details of members and attenders which is distributed to all members and attenders. It will not be made readily available to the public, however given their wide distribution you should assume that your contact information is public.

I consent to the following details being included in this publication.:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Member/Attender | Local Meeting | Postal Address | Email address(es) | Landline Number(s) | Mobile Phone Number (s) |
| YES/NO | YES/NO | YES/NO | YES/NO | YES/NO | YES/NO |

Signature:………………………………………….……………… Date:……………………………………….

From time to time we may take photographs of our activities.

I (do / do not) consent to my image appearing in photographs on CEQ web-sites, social media, and publications.

Signature:………………………………………….……………… Date:……………………………………….