

It's Our Brexit Too: Children's Rights, Children's Voices

Friday 10th November 2017

Canal Court Hotel, Newry

Young Person's Assent Form

Name of Young Person (block letters): _____

Signature of Young Person: _____

Email Address of Young Person: _____

Phone number of Young Person: _____

Date: _____

I have read and I understand the information that the Ombudsman for Children's Office (OCO) has provided about the conference. I understand what this involves for me and I will attend the conference at **the Canal Court Hotel, Newry from 11am-3.45pm on 10th November 2017.**

Media Consent

Please tick the relevant box

- **I agree** to allow for photographs and footage to be taken of me, named above, as part of the above conference which may include regional and national media such as newspapers, radio and/or TV stations who may wish to take photos and/or record my views. I also agree that the OCO and NICCY can raise awareness of the offices' work by using the images and footage of me. These may be used in future publications and on the offices' websites and social media platforms including Facebook, Instagram, Twitter and Youtube and for other promotional work of the offices
- **I do not agree** to allow for photographs and footage to be taken of me, named above, as part of the above conference which may include regional and national media such as newspapers, radio and/or TV stations who may wish to take photos and/or record my views. I do not agree that the OCO and NICCY can raise awareness of the offices' work by using the images and footage of me. These may not be used in future publications or on the offices' websites and social media platforms including Facebook, Instagram, Twitter and Youtube or for other promotional work of the offices

Travel Consent

Please tick the relevant box

- I will travel to the conference **unaccompanied** by an adult
- I will travel to the conference **accompanied by an adult**

Name of Accompanying Adult: _____

Phone Number of Accompanying Adult: _____

*NB: please remember to keep **travel receipts** in order to be reimbursed.*

Additional Information

If you have any allergies or medication that you need to take over the course of the day, special needs or dietary requirements etc. please indicate this below, along with the times the medication is needed:

Please fill out this form and return it, together with your parent's/guardian's consent form to the school principal by Friday 20th October. *If you have any questions, please call the OCO 01-8656800 or email [insert staff emails]*