

## **GENERAL DATA PROTECTION REGULATION & PRIVACY POLICY**

**Ability School of Dance** is required to collect confidential information regarding yourself (and/or your child, if applicable), including your names, contact details, date of birth and relevant medical history. This information will be used solely for the purposes of:

- Administration in connection with class attendance
- Replying to any correspondence received from you
- Abidance with Child Protection & Safeguarding laws and Health & Safety laws

## Your information will:

- Always be processed in accordance with the law
- Be stored securely and for no longer than necessary
- Never be published or shared with any third parties without your prior consent

You retain the right to withdraw consent to the holding of your confidential information at any time, however by doing so, this would **render us unable to engage in any further business with you**. If you would still like to withdraw your information, please notify us in writing as soon as possible.

Please tick the boxes below, sign, date a	and return this form, to confirm that:
I agree to the above policy regard	ing the collection, use and storage of my confidential information
I would like to receive communication (Emergency Contact').	tions from <b>Ability School of Dance</b> by <b>phone</b> (including as an
I would like to receive communica	tions from <b>Ability School of Dance</b> by <b>letter</b> .
I would like to receive communication	tions from <b>Ability School of Dance</b> by <b>email</b> .
Name	Name of child (if applicable)
Signed	Date