



WREXHAM COUNTY BOROUGH COUNCIL CIVIC ENGAGEMENT INFORMATION SHEET

1. Name of Engagement with brief particulars (please attach any relevant background information and a full programme if available):
2. Venue (full address):
3. Day: Date: Time:
4. Time the Mayor and Mayoress should arrive for Engagement:
5. Name and designation (e.g. President) of person who will meet the Mayor on arrival:
6. Estimated time the Engagement will finish:
7. Please indicate with an 'X' whether: Evening Dress (Tails) Dinner Dress (Black Tie) Lounge Suit
 Informal Decorations Chains
Should be worn.
8. State whether it is desired that the Mayoress attend: Yes No
9. Toast or subject of Speech (if any) and brief notes (Continue on additional sheet if necessary):
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.....
.....
.....
.....
10. Name of Person or Persons to whom it is wished that reference should be made and why:
.....
.....
11. Any other further information, which would be assistance:
12. Particulars returned from:
Name:
Address:
Telephone Number:

PLEASE RETURN TO THE CIVIC SUPPORT OFFICER, MAYOR'S PARLOUR,
GUILDHALL, WREXHAM, LL11 1AY

CONSENT FORM TO USE AN IMAGE OR PHOTOGRAPH OF AN INDIVIDUAL

We take the issue of data protection very seriously and we would never knowingly use an image of you without your prior consent. We would therefore ask you to look at the image displayed on the digital camera and sign this form.

Please print all details in the white space below, except where otherwise stated.

Your Name (Block Capitals)

Your Position

I understand that this image will only be used for the following purposes:

- Electronic and printed information, displays and exhibitions relating to the activity shown in the picture.
- Any similar campaign or related area
- Future Council Publicity
- With your consent full names may be supplied to the media

I understand that this image will **NOT** be used for:

- Anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress, e.g. any thing that may bring you into disrepute.

Having read the statement above, do you give your consent for this image to be used? (please put a tick in the appropriate box)

YES, I give my consent for the picture to be used

NO, I do not give my consent for the picture to be used

Do you give your consent for this image to be used with your full name? (please put a tick in the appropriate box)

YES, I give my consent for my full name to be used

NO, I do not give my consent for my full name to be used

Your Signature

Date (00/MM/YY)

Once completed, this form needs to be returned to the relevant responsible officer e.g. for leisure events - Leisure Marketing Officer, corporate events - the Press Officer.

CONSENT FORM TO USE AN IMAGE OR PHOTOGRAPH OF A CHILD WITH OR WITHOUT THEIR NAME

We take the issue of data protection very seriously and we would never knowingly use an image and/or disclose your child's name without your prior consent.

Please print all details in the white space below, except where otherwise stated.

Your Name and/or
Child's Name (Block Capitals)

Home Address

School

I understand that this image will only be used for the following purposes:

- Electronic and printed information, displays and exhibitions relating to the activity shown in the picture.
- Any similar campaign or related area
- Future Council Publicity
- With your consent the photograph and full names may be supplied to the media

I understand that this image will **NOT** be used for:

- Anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress, e.g. anything that may bring you/your child into disrepute

Having read the statement above, do you give your consent for your child's photograph (s) to be taken and used? (please put a tick in the appropriate box)

YES, I give my consent for his/her pictures to be used

NO, I do not give my consent for the picture to be used

Do you give your consent for photographs to be used with your child's full name and released to the media? (please put a tick in the appropriate box)

YES, I give my consent for my child's full name to be used

NO, I do not give my consent for my child's full name to be used

Parent/Guardian signature:

Date (00/MM/YY)

Once completed, this form needs to be returned to the relevant responsible officer e.g. for leisure events - Leisure Marketing Officer, corporate events - the Press Officer.