



Informed consent/assent form for Child Participants

Participation in the “Mid-Term Review Conference of the Strategy for the Rights of the Child of the Council of Europe” 2-4 April 2025

Please kindly send this consent form back to Alessandra Siino (grazia-alessandra.siino@coe.int) & Justine Vizier (justine.vizier@coe.int) by 21st March 2025. If you have a question, you can contact us by email, too.

Name of the event: “Mid-Term Review Conference of the Strategy for the Rights of the Child of the Council of Europe”

Dates of the event: 2-4 April 2025

Location of the event: Strasbourg, France

Your full name: _____

Your date of birth: _____

The city where you live: _____

The email we can contact you at: _____

The full name of a parent/ guardian: _____

Their relationship to you: _____

Contact of a parent/ guardian (phone number and email):

Your supporting organisation: _____

Full name of the contact person from your supporting organisation:

Their email address: _____



Please tick if you agree!

☐ I understand that I am signing up to take part in the “Mid-Term Review Conference of the Strategy for the Rights of the Child of the Council of Europe” and its preparations.

☐ I understand that participation in the conference is voluntary and that I can stop my involvement without any needed justification and at any time.

☐ I understand that I will have an accompanying adult to support me in my participation at the whole conference. The name of the accompanying adult who will be travelling with me to the conference is _____ and his/her phone number is _____.

☐ I read the Child Rights Connect’s [Child Safeguarding Policy and Procedure](#) and I understand its goal is to make sure all children involved at the project are safe. If I have any concerns about my or another child’s safety, I can speak to an adult I trust or I can contact Naomi Trewinnard (naomi.trewinnard@coe.int).

☐ I understand that I have to follow the Code of conduct and any safety rules that the Council of Europe will share with me upon arrival at the Conference.

I agree to receive any emergency medical treatment that I may need.

☐ YES ☐ NO

Regarding pictures or videos taken during the conference:

I agree that the organisers might take pictures or videos of me at the conference and I am aware that I can withdraw my consent upon registration at the Conference or at any time by sending a message to Naomi Trewinnard (naomi.trewinnard@coe.int).

☐ YES ☐ NO

Furthermore, since the pictures and videos may be used the following way:

I agree that the images and videos of me are used in news and reports related to the conference.

☐ YES ☐ NO

I agree to share my first name with the pictures, the videos and the speakers’ biographies.

☐ YES ☐ NO

I agree to share my age with the pictures and the videos.

☐ YES ☐ NO



I agree to share my country of origin with the pictures and the videos.

☐ YES ☐ NO

☐ I understand that any data or personal information held about me will only be available to the Council of Europe and held on password protected computers. After the conference, only my first name and contact detail will be kept on record, which will be destroyed five years after the event.

Date and location:

Signature of the child:

As parent/guardian of _____, I have supported my child to understand and fill out this consent/assent form in full agreement with me. I give consent for my child to participate in the workshops in accordance with the conditions agreed above.

Date and location:

Signature of a parent/guardian:
