

East Anglian Film Archive  
**MASHUP FILMMAKING COMPETITION 2024-25**

**ENTRY FORM with PARENT / GUARDIAN CONSENT\***

\*Please complete this form for applicants aged 10 to 17 years old.

**DETAILS OF STUDENT / FILMMAKER:**

Name and Address of student/young filmmaker:	Email of student/young filmmaker:
--	-----------------------------------

Name of School/Organisation: (applicable only if entering as part of a school/organisation)
--

Entry Level: <small>*Please tick as appropriate</small>	Are you entering as part of a group or individual? <small>*Please tick as appropriate</small>
<input type="checkbox"/> Category A – Year 6-11 [age 10-16]	<input type="checkbox"/> Individual
<input type="checkbox"/> Category B – Year 12-13 [age 16-18]	<input type="checkbox"/> Group

**DETAILS OF PARENT / GUARDIAN:**

Name of Parent/Guardian:	Email of Parent/Guardian:
	Phone number of Parent/Guardian:

How did you hear about the competition?
---

We will use the information obtained from this form in order to contact you about your entry to the Mashup Filmmaking Competition. We do not collect more information than we need to fulfil this purpose and will not retain it for longer than is necessary; we will only use your information with your consent. UEA will not share your information for marketing purposes, or with any company except as described in this notice, unless required by law. Your information will be stored securely on UEA systems. It will not be transferred outside the European Economic Area. Access will be limited to UEA staff whose roles require it. **Information will be retained by the East Anglian Film Archive in perpetuity in order to allow the accessioning of films into the collection and for the purpose of contacting you about future Mashup Filmmaking competitions.** For additional details, including contact information, how we maintain the security of your data, and your data protection rights, go to: <https://bit.ly/3aF1Qaw>

By submitting your entry form you are giving consent for us to use your data for the purpose described above. You can withdraw your consent at any time by contacting us by phone: 01603 592664 or by email: [eaafa@uea.ac.uk](mailto:eaafa@uea.ac.uk)

**I hereby grant permission for the above named to enter the Mashup Filmmaking Competition 2024-25.  
I have read and understood the terms and conditions and agree to be bound by them.**

**SIGNED** \_\_\_\_\_  
Parent / guardian signature

**DATE** \_\_\_\_\_

Please return this completed and signed form to: [eaafa@uea.ac.uk](mailto:eaafa@uea.ac.uk)