**NHS Chef 2025**

Please complete this document in full: **Part 1** Competitors Details, **Part 2** Data Protection

1. **Competitors Details**

|  |  |  |
| --- | --- | --- |
|   | **Item**  | **Detail**  |
| **Competitors** **Basic Details**    | Entrant’s Name 1:  |    |
| Entrants Name 2:  |    |
| Line Managers Name |  |
| Line Managers email address |  |
| Regional Event Applying For  |    |
| Establishment name & Trust/Health Board  |    |
| Correspondence address  |          |
| Post code  |    |
| Telephone Number   |    |
| Email address  |    |
| **Competitor** **Menu**  | Starter  Name |  |
| Main Course Name |  |
| Dessert Name |  |

|  |
| --- |
| I hereby confirm that I have the support of my Line Manager and Trust to compete in the NHS Chef 2025. I understand that the Regional Heat will last 1 day (see Table 1). If successful, the Mentoring Event will last 3 days **(16th 17th and 18th September 2025)**. The Final will be over 5 days **(20th to 24th October)** |
| **Name Contestant 1** | **Signature Contestant 1** |
|  |  |
| **Date** |  |
| **Name Contestant 2** | **Signature Contestant 2** |
|  |  |
| **Date** |  |

**Once completed this document is to be returned to** england.greatnhsfood@nhs.net **by 20th June 2025.**

1. **Data Protection Forms**

**Contestant 1**

Consent form for NHS England communications.

By signing this form, you are confirming that you agree to being recognisable and/or identified on film, audio recording, photography and/or written material. This could be for an NHS publication, website or social media channel (such as NHS-run Facebook or YouTube pages) for the purposes of the promotion of the NHS Chef 2025.

The purpose for processing your personal data is for the promotion of the NHS Chef 2025. The lawful basis for the processing of your personal data falls is via your consent. For this purpose, NHS England and Improvement will be the data controller for your personal data. To enact any data subjects’ rights requests in relation to your data please contact england.dpo@nhs.net. Please note, that you have the right to withdraw your consent at any time, however if material has been published (for example on the NHS run YouTube channel) it may not be possible to remove this information entirely from the public domain. Your data will be stored for a period of three years. Please also note, you have the right to lodge a complaint with a supervisory authority about any aspect of the processing of your personal data.

Date:

Name (Please print):

Signed:

**If you are signing on behalf of a person you are responsible for (if subject is under 18/ you are the guardian/ carer/ family member/ responsible person)**

Name (Please print):

Relationship to person being recorded:

Signed:

**On behalf of NHS England**

Name (Please print):

Job title:

Signed:

**Contestant 2**

Consent form for NHS England communications.

By signing this form, you are confirming that you agree to being recognisable and/or identified on film, audio recording, photography and/or written material. This could be for an NHS publication, website or social media channel (such as NHS-run Facebook or YouTube pages) for the purposes of the promotion of the NHS Chef 2025.

The purpose for processing your personal data is for the promotion of the NHS Chef 2025. The lawful basis for the processing of your personal data falls is via your consent. For this purpose, NHS England and Improvement will be the data controller for your personal data. To enact any data subjects’ rights requests in relation to your data please contact england.dpo@nhs.net. Please note, that you have the right to withdraw your consent at any time, however if material has been published (for example on the NHS run YouTube channel) it may not be possible to remove this information entirely from the public domain. Your data will be stored for a period of three years. Please also note, you have the right to lodge a complaint with a supervisory authority about any aspect of the processing of your personal data.

 Date:

Name (Please print):

Signed:

**If you are signing on behalf of a person you are responsible for (if subject is under 18/ you are the guardian/ carer/ family member/ responsible person)**

Name (Please print):

Relationship to person being recorded:

Signed:

**On behalf of NHS England**

Name (Please print):

Job title:

Signed: