

VISITOR PARTICIPATION REQUEST FORM
(Security, Access Control, and PPE Planning)

Please complete all fields below. All data is collected for security clearance and safety equipment planning purposes only.

1. PARTICIPANT INFORMATION

Field	Information (Please type or print clearly)
:---	:---
First Name	
Last Name	
Date of Birth (DD/MM/YYYY)	
Nationality	
Affiliation / Group	
Role / Position	
Email Address	
Mobile Phone Number	

2. IDENTIFICATION DOCUMENTS

Please provide details of the ID you will bring to the site (e.g., Passport, National ID).

Field	Information
:---	:---
ID Document Type	
ID Document Number	
Issuing Country	
Expiry Date (DD/MM/YYYY)	

3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Field	Information
:---	:---
Shoe Size	(Please specify unit: EU, US, or UK)

4. PHOTO & VIDEO CONSENT

During the visit, photos and/or videos may be taken for plant visibility and communication purposes (e.g., internal communications, presentations, intranet, and corporate channels).

Consent Statement:

I acknowledge that photos and/or videos may be taken during the visit. I hereby grant permission to the host organization to use my image, likeness, and/or voice captured in photos or videos taken during this visit for plant visibility and communication purposes, without compensation and without further notice to me. I understand that these images may be reproduced, distributed, and publicly displayed in connection with the host organization's communication activities.

Please mark your preference with an X:

☐ **I DO** consent to the use of my image, likeness, and/or voice as described above.

☐ **I DO NOT** consent to the use of my image, likeness, and/or voice as described above.

Participant Signature: _____ **Date:** _____