



YOUNG PERSON INFORMATION FORM



In order to support the application process the details on this form will be retained by the Group Administrator / Section Leader during the Young Persons (YP) time with the Group. Upon leaving the Group, this form will be destroyed. Some information is considered sensitive personal data under the Data Protection Act 1998 and as such will be managed as required under the act. All communications to those under 14 will be sent to parents/guardian
Questions marked ** are not essential to answer but can be useful for the Leaders

Young Person's Details

NAME:	
ADDRESS:	
POSTCODE:	HOME PHONE NUMBER:
DoB:	GENDER: M / F
RELIGION:	SCHOOL: **
PREVIOUS SCOUT GROUP (IF ANY) WITH DATES:	MEMBERSHIP NO IF KNOWN

Parent / Guardians Details (1) - Please give details of the parent/guardian the young person lives with:

This will be used as the primary contact. All emails, phone calls etc will be directed to them first

NAME:	RELATIONSHIP TO YP:
HOME PHONE :	MOBILE PHONE
EMAIL:	
HOBBIES / INTERESTS <i>(you may have a skill or interest that you could pass on to other members of the Group)</i> **	
Would you be willing to help out at Section meetings on occasion or help on the Group Committee?	

Parent / Guardians Details (2) - used as secondary contact

NAME:	RELATIONSHIP TO YP:
ADDRESS (if the YP doesn't live with them)	
HOME PHONE :	MOBILE PHONE
EMAIL:	
HOBBIES / INTERESTS <i>(you may have a skill/interest that you could pass on to other members of the Group)</i> **	
Would you be willing to help out at Section meetings on occasion or help on the Group Committee?	

Emergency contact - Someone we can contact if we are unable to contact either of the above

NAME::	HOME PHONE :
RELATIONSHIP TO YP	MOBILE PHONE

Young Persons Medical Details

Doctor Name & Address:	
Surgery Phone No:	NHS No: **

Medical Information (Allergies, Asthma, Sleep Walking, Bed wetting etc) ** (not essential but <u>very</u> useful for the leaders to be aware of)
Dietary Information (Food Allergies, Vegetarian, Halal, Kosher etc). ** (not essential but <u>very</u> useful for the leaders to be aware of)

Additional needs/Disabilities (please tick those as necessary and provide details) Before admission we will discuss any this with you so we can agree on how best to support the YPs membership

Developmental <i>ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia</i>	Learning <i>Downs Syndrome, Other</i>	Medical <i>Arthritis, Diabetes, Epilepsy, ME/Chronic Fatigue etc</i>
Injury Spinal <i>Injury, Missing Limbs etc</i>	Mental Health <i>Bipolar, Depression, Eating Disorder, Self Harm etc</i>	Progressive <i>Muscular Dystrophy etc</i>
Sensory <i>Hearing, Vision etc</i>	Details	

Ethnicity & Religious Information TSA requests this information to help monitoring its membership. The data will help TSA in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work both nationally and locally, & will identify and help Leaders meet any specific needs of individuals

Prefer not to say	Mixed/Multiple ethnic groups
White	White & Black Caribbean
English/Welsh/Scottish/Northern Irish/British	White & Black Asian
Irish	White & Asian
Gypsy or Irish Traveller	Any other mixed/multiple ethnic background
Any other White background	Black/African/Caribbean/Black British
Asian/Asian British	African
Indian	Caribbean
Pakistani	Any other Black/African/Caribbean background
Bangladeshi	Other ethnic group
Chinese	Arab
Any other Asian background	Other

Photography: On occasions, photographs, videos and audio of Scouts taking part in activities may be taken and possibly submitted to the local newspapers, the Group, District or County newsletters and websites, Social Media or put on display. *Note: The Group has no control over photos being taken by members of the public.* Please indicate below if you agree / do not agree for photos to be used in this way.

I AGREE to photographs being taken

I DO NOT AGREE for photographs to be taken

Data Protection As a registered Data Controller, The Scout Association is committed to the Data Principles of the Data Protection Act 1998.

I agree to the Group

- a) retaining personal data to facilitate any present involvement within Scouting Yes No
- b) retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences Yes No
- c) allowing access to personal data to appropriate individuals within the Scouting hierarchy Yes No
- d) entering the information onto the Group OSM Database Yes No

Signature Parent/ Guardian 1	Date	Signature Parent/ Guardian 2	Date