# Young Person Information Form

February 2023 version

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## YOUNG PERSON’S DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| First name | | Surname | |
| Address | | | |
|  | | | Postcode |
| Date of birth | Gender | School | |

## PARENT/GUARDIAN DETAILS

### **Parent/Guardian 1**: This person will be used as primary contact, i.e. emails, texts, phone calls etc. will be directed to them first.

|  |  |  |
| --- | --- | --- |
| First name | Surname | |
| Relationship to child | | |
| Address (leave blank if same as child): | | |
|  | | |
|  | | Postcode |
| Mobile | Share this mobile number with other parents/members of a closed WhatsApp group? Yes / No (Some Sections use this for updates) | |
| Home phone |  | |
| Email | Receive email updates? Yes  At least one parent/guardian must receive updates. | |
| Hobbies / Interests etc. (this will potentially help with badges and rotas) | | |

### **Parent/Guardian 2**: Will be used as secondary contact.

|  |  |  |
| --- | --- | --- |
| First name | Surname | |
| Relationship to child | | |
| Address (leave blank if same as child) | | |
|  | | Postcode |
| Mobile | Share this mobile number with other parents/members of a closed WhatsApp group? Yes / No (Some Sections use this for updates) | |
| Home phone |  | |
| Email | Receive email updates? (Please delete) Yes / No Do they want to get news updates, etc.? | |
| Hobbies / Interests etc. (this will potentially help with badges and rotas) | | |

### **Alternative emergency contact (optional):** Someone we can contact if we can’t reach the above contact(s) e.g. a relative or family friend who lives nearby.

|  |  |
| --- | --- |
| First name | Surname |
| Address | |
|  | Postcode |
| Mobile phone | Home phone |
| Relationship to Child | |

## FURTHER INFORMATION

|  |  |
| --- | --- |
| GP name / Surgery name | |
| Address | |
|  | Postcode |
|  | Phone number |
| NHS number | |
| Please list any medical matters, disabilities or additional needs, including medication being taken: | |
| Please list any dietary information (e.g. food allergies, vegetarian etc.): | |

Diversity information: This information is requested by The Scout Association to help in monitoring its membership. The data will help the Association in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work both nationally and locally.

### **Religion or Faith**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Prefer not to say |  | Christian (all denominations |  | Muslim |  | Other (please state) |
|  |  |  |  |  |  |  |  |
|  | No religion |  | Hindu |  | Sikh |  |  |
|  |  |  |  |  |  |  |  |
|  | Buddhist |  | Jewish |  |  |  |  |

### **Ethnicity**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White | | Asian / Asian British | | Mixed / multiple ethnic groups | | Black / African / Caribbean / Black British | | Other ethnic group | |
|  | English / Welsh /Northern Irish / Scottish / British |  | Indian |  | White and Black Caribbean |  | African |  | Arab |
|  |  |  |  |  |
|  | Irish |  | Pakistani |  | White and Black African |  | Caribbean |  | Other |
|  |  |  |  |  |
|  | Gypsy or Irish traveler |  | Bangladeshi |  | White and Asian |  | Any other Black / African / Caribbean background |  |  |
|  |  |  |  |
|  | Any other White background |  | Chinese |  | Any other mixed / multiple ethnic background |  |  |  |  |
|  |  |  |
|  |  |  | Any other Asian background |  |  |  |  |  |
|  |

## Data protection

The Scout Association is committed to the Data Principles of the General Data Protection Regulation and the Data Protection Act 2018. By signing this form, I agree to the Group during and beyond my young person’s involvement with the organisation:

1. Retaining personal data to facilitate any present or potential future involvement with Scouting, in line with the local Group Data Protection and Retention Policy.
2. Retaining sensitive (special category) data regarding religion/faith, disabilities/additional needs, ethnicity, medical information, and or commission of offences or alleged offences, in line with the Group Data Protection and Retention Policy.
3. Allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

## Consents

**Photographs and media:** I am happy for photos, video and audio to be published (via Group internally controlled publications and communication channels such as online news, email, websites, newsletters, at the Group meeting place, social media channels, advertising and/or promotional material including press) of the young person in this form whilst undertaking Scouting activities across all channels. (Note: Regardless of this consent, the Group/Section is not responsible for photos taken by other parties.)

|  |  |  |  |
| --- | --- | --- | --- |
| Parent / Legal guardian signature: |  | Date: |  |