

Young person information form

Version 4
January 2019

This form aims to assist in the collecting of information regarding young people under 18 years of age who are looking to join Scouting.

Parents/guardians must sign the form.

For the purposes of this form 'Group' refers to the below Scout Group or Explorer Scout Unit.

Name of Scout Group or Explorer Scout Unit

Date of joining

D	D	M	M	Y	Y
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Diversity information

Information on members' gender, ethnicity, religion or faith, and disability is requested by the Scouts to help in monitoring its membership. The data will help the Scouts to understand the makeup of the membership - monitoring progress against its inclusivity goals and prioritising development work both nationally and locally - and identify and help leaders meet any specific needs of individuals.

Young person's information

Please complete in block capitals information about the young person.

Surname

Forename(s)

Known as

Date of birth

D	D	M	M	Y	Y
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*Gender (please tick appropriate box/es)

☐ Male

☐ Female

☐ Other

☐ Prefer not to say

Nationality

Ethnicity (please tick appropriate box)

White

☐ English/Welsh/Scottish/Northern Irish/British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background

Mixed/multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other mixed/multiple ethnic background

Asian/Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background

Black/African/Caribbean/Black British

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background

Other ethnic group

☐ Arab

☐ Other

☐ **Prefer not to say**



Religion or Faith (please tick appropriate box)

- ☐ Buddhist
- ☐ Christian (all denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion or faith
- ☐ No religion

☐ **Prefer not to say**

To assist the section leadership team with the planning of the programme, please state which school or college your young person attends.

Disabilities/additional needs

The safety and wellbeing of young people in Scouting is our priority. Please provide information about any disabilities your young person may have so that adult volunteers can ensure reasonable adjustments can be made for your young person. This information will be handled with extra care and only made available to those directly supporting your young person.

Disabilities		Guidance
(please tick those that apply and provide details)		
☐ Developmental		Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia,
☐ Injury		Injury – Body, Brain
☐ Physical		Physical – Spina Bifida, Down's Syndrome, Other
☐ Medical		Medical – Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other
☐ Mental health		Mental Health – Bipolar, Depression, Eating Disorder, Self-Harm, Other
☐ Progressive		Progressive – Muscular Dystrophy, Other
☐ Sensory		Sensory – Hearing, Vision, Other

Please provide information about any other additional needs, or any further information about your young person's disability.

Please provide information about any dietary needs (eg allergies, intolerances, religious or cultural requirements) of your young person to assist the section leadership team when they plan the programme of activities.

The safety and wellbeing of young people in Scouting is our priority. Please provide medical information (eg medications, assistive technology) so that the section leadership team can ensure suitable care is in place for your young person. This information will be handled with extra care and only made available to those directly supporting your young person.

Contact details

Each Scout Group, District and County/Area/Region(Scotland) Executive Committee is a Data Controller with overall responsibility for compliance with data protection and how they communicate with you locally.

Parent/guardian information

Title

Surname

Forename(s)

Known as

Relationship

Address

Town

Country

Postcode

Telephone numbers

Primary

Second

Third

Email addresses

Primary

Second

Third

Emergency contact (if different to primary contact)

Forename(s)

Surname

Known as

Relationship

Primary phone number

Second phone number

Third phone number

Contact 2 (if required)

Parent/guardian information

Title

Surname

Postcode

Forename

Known as

Relationship

☐ Please tick here if the address is the same as contact 1. If different, complete address details below.

Address	
Town	
Country	

Telephone numbers

Primary	
Second	
Third	

Email addresses

Primary	
Second	
Third	

Gift Aid

Gift aid information for the HMRC is not collected using this information form. Please ask your Section Leader for a Gift Aid form. Scout Groups or Scout Districts are able to claim Gift Aid on membership subscriptions as HMRC regards these as 'donations'. This means the Scout Group/District can receive additional funds at no extra cost to you.

Note: In Scotland, Scout Groups and Districts cannot claim Gift Aid unless registered as a separate charity with the Office of the Scottish Charity Regulator (OSCR).

Declarations (Please retain this page)

Full name of young person

Photographs, video and audio

The following consent options concern photography, video and audio footage of the young person in this form being published via the following: Group internally controlled publications and communication channels, such as online news, email, websites, newsletters, at the Group meeting place, Group social media channels, Group advertising and/or promotional material including press.

Photos, video or audio of the young person in this form will not be used unless you give us your consent below.

Please select:

☐ I am happy for photos, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels; or

☐ I do not want any photos, video or audio to be used.

Additionally other Scout Groups, Districts, Counties/Areas/Regions and UKHQ may request consent independently as part of event registrations or other Scouting activities.

Communication preferences

Your email address and telephone number will be used by adult volunteers within the Group as the primary method to communicate with you. In addition, the Group may use additional communication tools:

☐ I agree to the Group sharing my phone number and name with other parents and members of the Group via a closed group via communication platforms, for example WhatsApp.

☐ I do not agree for my phone number and name shared in this way.

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:

- a) retaining personal data to facilitate any present or potential future involvement with Scouting, in line with the local Group Data Protection and Retention Policy
- b) 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
- c) allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

Contact 1

Signature

Print

Date

Contact 2

Signature

Print

Date

Should you require any support with the completion of this form please contact your Section Leader. Should any details or consent options change you must inform your Section Leader For further queries contact the Scout Information Centre on 0345 300 1818 or email info.centre@scouts.org.uk, Scottish Headquarters on 01383 419073, or Northern Ireland Headquarters on 028 9049 2829.

