

YOUNG PERSON INFORMATION FORM

GDPR Version - Revised May 2018
 Each Adult Contact needs to sign giving us written consent to keep their contact details. These are securely locked away and also password protected on our record system. For use in case of emergency contacting them regarding the young person named in this form.

For collecting the information of young people, under 18 years of age, who want to join Scouting.

In order to support the application process as well as potential and current involvement in Scouting the details on this form will be stored on The Scout Association's online membership system, Compass. Some information is considered sensitive personal data under the Data Protection Act 1998 and as such will be managed as required under the act. Further information can be found at scouts.org.uk/dataprotection.

The Scout Association will not sell or promote products to those under 14 years of age. All communications to those under 14 will also be sent to parents/guardians.

Young Person's Details Fields which are shaded yellow are compulsory and must be completed

Name : _____			
Address : _____ _____		Parent/Guardians Home Phone Number : _____	
Post Code : _____		Nationality : _____	
D.O.B.: _____		Gender : M / F	
Religion : _____		School : _____	

Please put at least One Email contact below

Parents'/Guardians' Details – Please give details of the parent(s)/guardian(s) the young person lives with. If they live with both parents/guardians then please give details of both.

Parent/Guardian 1 – Will be used as primary contact i.e. emails, phone calls etc will be directed to them first

Name : _____		Phone/Mobile: _____	
Relation to Child : _____		Email: _____	
D.O.B.: _____ Occupation : _____			
Hobbies/Interests : _____			
Scouting/Guiding Background (if any) : _____			Signature of Contact: _____

Parent/Guardian 2 – Will be used as secondary contact

Name : _____		Phone/Mobile: _____	
Relation to Child : _____		Email: _____	
D.O.B.: _____ Occupation : _____			
Hobbies/Interests : _____			
Scouting/Guiding Background (if any) : _____			Signature of Contact: _____

Alternative Contact – Someone we can contact if we can't contact the above Parent(s)/Guardian(s). e.g. other parent they don't live with or a friend or relative who live nearby

Relation to Child : _____		Tel. No: _____	
Name(s) : _____		Mobile: _____	
Address: _____ _____			
Post Code : _____			Signature of Contact: _____

Previous Scouting History (If any)

Previous Scout Group _____	Membership Number (If known) _____
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Young Person's Medical Details

Doctor : Address :	National Health Number : Doctor's Phone Number :
Dietary Information : - (e.g. food allergies, vegetarian, halal or kosha food etc)	

Additional needs/Disabilities

(please tick those as necessary and provide details in the box provided)
 Please note we will discuss any additional needs and/or disabilities in more details before admission so we can best support the young person's membership of Scouting

<input type="checkbox"/>	Developmental	<input style="width: 95%;" type="text"/>	Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia etc
<input type="checkbox"/>	Injury	<input style="width: 95%;" type="text"/>	Injury – Spinal Injury, missing limb etc
<input type="checkbox"/>	Learning	<input style="width: 95%;" type="text"/>	Learning – Spina Bifida, Down's Syndrome, Other
<input type="checkbox"/>	Medical	<input style="width: 95%;" type="text"/>	Medical – Severe Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue etc
<input type="checkbox"/>	Mental health	<input style="width: 95%;" type="text"/>	Mental Health – Bipolar, Depression, Eating Disorder, self-harm etc
<input type="checkbox"/>	Progressive	<input style="width: 95%;" type="text"/>	Progressive – Muscular Dystrophy etc
<input type="checkbox"/>	Sensory	<input style="width: 95%;" type="text"/>	Sensory – Hearing, Vision etc

Ethnicity and Religious 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, and will identify and help Leaders meet any specific needs of individuals.

Ethnicity (please tick appropriate box)

<input type="checkbox"/> <input type="checkbox"/> Prefer not to say	
White <input type="checkbox"/> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> <input type="checkbox"/> Irish <input type="checkbox"/> <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> <input type="checkbox"/> Any other White background Asian/Asian British <input type="checkbox"/> <input type="checkbox"/> Indian <input type="checkbox"/> <input type="checkbox"/> Pakistani <input type="checkbox"/> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> <input type="checkbox"/> Chinese <input type="checkbox"/> <input type="checkbox"/> Any other Asian background	Mixed/multiple ethnic groups <input type="checkbox"/> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> <input type="checkbox"/> White and Black African <input type="checkbox"/> <input type="checkbox"/> White and Asian <input type="checkbox"/> <input type="checkbox"/> Any other mixed/multiple ethnic background Black/African/Caribbean/Black British <input type="checkbox"/> <input type="checkbox"/> African <input type="checkbox"/> <input type="checkbox"/> Caribbean <input type="checkbox"/> <input type="checkbox"/> Any other Black/African/Caribbean background Other ethnic group <input type="checkbox"/> <input type="checkbox"/> Arab <input type="checkbox"/> <input type="checkbox"/> Other

Data Protection

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

By signing this form, I agree to the Scout Association during and beyond my child's involvement with the association:

- a) Retaining personal data to facilitate any present or potential future involvement with Scouting;
- b) Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences
- c) Allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

Parent's/Guardian's Signature _____ **Date** _____