

# 1st Claygate Scout Group

## YOUNG PERSON INFORMATION FORM.



## **About this Form**

This form is aimed at assisting in the collection of information regarding young people under 18 years of age, who are looking to join Scouting.

The information will be loaded onto Compass, The Scout Association's online membership system and held locally in the Group spreadsheet.

*Those young people aged 14 years and over should complete the Communications Preferences section and sign the form.*

Parents/guardians should sign the form and return it to Hugh Gostling via their section leader.

Personal data will be stored on the system to support the application process and current and potential future involvement in Scouting. 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](http://scouts.org.uk/dataprotection).

This information will also be held on computer for the Group's use and will only be used for scouting purposes. The Group will not pass on your e-mail address to other parties outside of Scouting and will only use it to provide information about scouting events. The Group's policy on handling personal data is provided to all adults in the Adult Welcome Pack and published on the website at <http://www.claygatescouts.org/> as is an electronic copy of this form.

## **Communications**

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.

## **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.

Only the final page of the form will be retained by the Group.

Please complete the following information about your child in block capitals. Shaded boxes are compulsory fields on Compass and those fields marked with an asterisk\* are for use by the Group only and will be stored on computers for the Group's use.

Should you require any support with the completion of this form, please contact your section leader or Group Scout Leader.

## **Young Person's Details**

|                            |  |              |  |
|----------------------------|--|--------------|--|
| Surname                    |  |              |  |
| Forename(s)                |  | Known as     |  |
| Date of Birth              |  | Gender M / F |  |
| Nationality                |  |              |  |
| Address                    |  |              |  |
|                            |  |              |  |
|                            |  | Post Code    |  |
| School/College/ University |  |              |  |
| Place of Worship*          |  |              |  |

**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 as appropriate)**

- |  |   |
|--|---|
| <input type="checkbox"/> Buddhist                      | <input type="checkbox"/> Sikh               |
| <input type="checkbox"/> Christian (all denominations) | <input type="checkbox"/> Any Other Religion |
| <input type="checkbox"/> Hindu                         |   |
| <input type="checkbox"/> Jewish                        | <input type="checkbox"/> No Religion        |
| <input type="checkbox"/> Muslim                        | <input type="checkbox"/> Prefer not to say  |

|  |
|--|
|  |
|--|

**Contact Details**

**Email Addresses** (Please indicate in the small box which email is your primary contact by ticking one only– for those under 14, any emails will automatically be sent to the nominated adult)

|                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Home  |  |
| <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Other |  |

**Telephone Numbers** (Please indicate in the small box which phone number is your primary contact)

|                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Home   |  |
| <input type="checkbox"/> Mobile |  |
| <input type="checkbox"/> Other  |  |

**Medical Details**

|                                    |  |                       |           |
|------------------------------------|--|-----------------------|-----------|
| Doctor / Surgery                   |  |                       |           |
| Surgery Address                    |  |                       | Post Code |
|                                    |  |                       |           |
| Telephone                          |  | NHS Number 10 digits) |           |
| Dietary Needs                      |  |                       |           |
| Medical Information                |  |                       |           |
| Relatives or friends in the Group* |  |                       |           |

**Additional needs/Disabilities** (please tick those as necessary and provide details using the blank space below if necessary)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Developmental |  | Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other      |
| <input type="checkbox"/> Injury        |  | Injury – Body, Brain  |
| <input type="checkbox"/> Learning      |  | Learning – Spina Bifida, Down's Syndrome, Other                                       |
| <input type="checkbox"/> Medical       |  | Medical – Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other |
| <input type="checkbox"/> Mental health |  | Mental Health – Bipolar, Depression, Eating Disorder, self-harm, Other                |
| <input type="checkbox"/> Progressive   |  | Progressive – Muscular Dystrophy, Other   |
| <input type="checkbox"/> Sensory       |  | Sensory – Hearing, Vision, Other  |

# Contact 1 (Designated primary contact)

## Parent/Guardian Information

|               |  |              |  |
|---------------|--|--------------|--|
| Surname       |  | Title        |  |
| Forename(s)   |  | Known as     |  |
| Date of Birth |  | Gender M / F |  |
| Relationship  |  |              |  |

Please tick here if the address is the same as the young person. If different, complete address details below.

|         |           |  |
|---------|-----------|--|
| Address |           |  |
|         | Post Code |  |

### Occupation

- Employed
- Unemployed
- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Other

### Occupation Details

|  |
|--|
|  |
|--|

### **Gift Aid Declaration (just one declaration – for the Primary contact here or the second parent below – needs to be signed)**

Please treat all eligible donations, membership subscriptions and/or band subscriptions I make to 1<sup>st</sup> Claygate Scout Group, as Gift Aid donations. I confirm I have paid or will pay an amount of Income or Capital Gains Tax at least equal to the tax that 1st Claygate Scout Group reclaims on my donations in the appropriate tax year (currently 25p for each £1 given). Higher rate taxpayers may claim the difference between basic rate and higher or additional rate tax back via their self-assessment tax forms.

Signature: ..... Date: .....

If you stop paying Income Tax or Capital Gains Tax at some stage in the future please inform the 1<sup>st</sup> Claygate Scouts Group Treasurer to cancel this declaration.

### Phone numbers

|                      |  |               |  |
|----------------------|--|---------------|--|
| Primary phone number |  | Primary email |  |
| Second phone number  |  | Second email  |  |
| Third phone number   |  | Third email   |  |

**Contact 2** (please provide details of second parent if applicable)  
Parent/Guardian Information

|               |  |              |  |
|---------------|--|--------------|--|
| Surname       |  | Title        |  |
| Forename(s)   |  | Known as     |  |
| Date of Birth |  | Gender M / F |  |
| Relationship  |  |              |  |

Please tick here if the address is the same as the young person. If different, complete address details below.

|         |           |  |
|---------|-----------|--|
| Address |           |  |
|         | Post Code |  |

**Occupation**

- Employed
- Unemployed
- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Other

**Occupation Details**

**Gift Aid Declaration (just one declaration – for the second parent here or the primary contact above – needs to be signed)**

Please treat all eligible donations, membership subscriptions and/or band subscriptions I make to 1<sup>st</sup> Claygate Scout Group, as Gift Aid donations. I confirm I have paid or will pay an amount of Income or Capital Gains Tax at least equal to the tax that 1st Claygate Scout Group reclaims on my donations in the appropriate tax year (currently 25p for each £1 given). Higher rate taxpayers may claim the difference between basic rate and higher or additional rate tax back via their self-assessment tax forms.

Signature: ..... Date: .....

If you stop paying Income Tax or Capital Gains Tax at some stage in the future please inform the 1<sup>st</sup> Claygate Scouts Group Treasurer to cancel this declaration. **Phone numbers**

|                      |  |               |  |
|----------------------|--|---------------|--|
| Primary phone number |  | Primary email |  |
| Second phone number  |  | Second email  |  |
| Third phone number   |  | Third email   |  |

## **Emergency Contact** (for use during meeting if either parent not available)

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| Surname              |  | Title              |  |
| Forename(s)          |  | Known as           |  |
| Relationship         |  |                    |  |
| Primary phone number |  | Third phone number |  |
| Second phone number  |  |                    |  |

### ***Communications Preferences***

The Association, at all levels, will use your details to contact you with information relevant to Scouting. Youth members 14 years of age and over should also confirm their communications preferences as we may contact them directly.

Additionally, from time to time we would like to contact you with details of news, products, offers and services from The Scout Association and local Scouting in your area (Group, District etc).

Let us know if you would prefer not to receive information about any of the following:

I **do not** wish to receive details:                      Contact 1                      Contact 2                      Young people aged 14 years and over

about Scout Activity Centres and campsites                                                                    
of events and fundraising opportunities                                                                    
from Scout Shops Ltd                                                                    
of insurance for Scouting                                                                 

Contacting you with the above information will support Scouting activities. All profits go straight back into Scouting to support the development of our leaders and growing Scouting around the UK, including areas where young people do not currently have the opportunity to join.

### **Partners or Third Parties**

We may also have information, offers and opportunities for Scout members and supporters from carefully selected third parties or organisations that the Association may partner with

I am happy to receive information about third                      Contact 1                      Contact 2                      Young people aged 14 and over  
party or partner organisation offers and                                                                    
opportunities.

The Scout Association will not transfer or sell your personal details to any third party organisations without consent or as required by law. Please note: You can amend your communications preferences online by editing your profile on Compass at any time.

### **Use of Photography**

On occasions, photographs, videos and audio of Scouts taking part in activities may be submitted to the local newspapers, the Group, District or County newsletters, websites or put on display. The Group's policy is published in the Group Welcome Pack which should accompany this form but if not is available on our website at [http://www.claygatescouts.org/group\\_information.htm](http://www.claygatescouts.org/group_information.htm). Submission of this form assumes you agree to this policy but should you have any concerns please contact Hugh Gostling on 01372 469580.

**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 organisation:

- 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.

| Contact 1 | Contact 2 | Young people aged 14 years and over |
|-----------|-----------|-------------------------------------|
| Sign      | Sign      | Sign                                |
| Print     | Print     | Print                               |
| Date      | Date      | Date                                |

**Behaviour Code**

I have read the 1<sup>st</sup> Claygate Scout Group Behaviour Policy and Code in the Group Welcome Pack, with my child and agree to the rules and principles set out in it.

Signed (Parent):

Signed (Section Member ):  
(Cubs, Scouts and Explorers only)

**Offers of Help**

It is a requirement of your child's membership that you either help with a section, help with the general running of the Group or help with two fund-raising events per year. If you want further details on these please either contact your child's section Leader, or Hugh Gostling.

Could you please indicate your preference below:

|   | Father | Mother |
|---|--------|--------|
| Help with a section:  |        |        |
| Help with section activities:   |        |        |
| Have a relevant skill which could be of benefit (eg kayaking):  |        |        |
| Have transport which could be used to shift equipment when needed:                                    |        |        |
| Help with fund-raising:   |        |        |
| Help with building maintenance:   |        |        |
| Help with grounds maintenance   |        |        |
| Please indicate if either of you have ever been involved in Scouting or Guiding as a member or helper |        |        |

Any other offers? .....