

Young Person Information Form

We collect and use your personal data to enable the day to day running of our Group, including contacting you about news, events, activities and services, ensuring we meet the specific needs or preferences of individual members and helping us to monitor and achieve diversity and inclusivity. We are committed to the protection of your personal data and access to all stored data is restricted and controlled and will be kept for no longer than necessary. For full details of our Privacy Policy please go to www.52ndreadingscoutgroup.org.uk/documents/52RdgPrivacy.pdf

*Required

Young person's details

1. **Gender ***

Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: _____

2. **First Name(s) ***

3. **Known as**

4. **Last Name ***

5. **Date of birth ***

Example: 15 December 2012

6. **Nationality ***

7. Ethnicity *

Mark only one oval.

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

8. Religion or faith *

Mark only one oval.

- Prefer not to say
- Buddhist
- Christian (all denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion or faith
- No religion

9. School or college attended *

10. Disabilities/additional needs *

Please provide information about any disabilities or additional needs your young person has so that adult volunteers can ensure reasonable adjustments can be made. Enter NONE if not applicable.

11. Dietary needs *

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 events or activities. Enter NONE if not applicable.

12. Medical information *

Please provide medical information (eg medications, assistive technologies) so that the section leadership team can ensure suitable care is in place for your young person. Enter NONE if not applicable.

Parent/guardian #1 contact details

13. Title *

14. Full name *

15. Relationship to young person *

Mark only one oval.

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Foster parent
- Guardian
- Aunt
- Uncle
- Other

16. Email address *

17. Mobile phone number *

18. Home address *

19. Town *

20. Post Code *

Parent/guardian #2 contact details

21. Title *

22. Full name *

23. Relationship to young person *

Mark only one oval.

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Foster parent
- Guardian
- Aunt
- Uncle
- Other

24. Mobile phone number *

25. Email address *

26. Same address? *

Mark only one oval.

- Yes
- No

Second contact details (cont'd)

27. Home address *

28. Town *

29. Post Code *

Photographs & videos

30. During our Scouting activities, we often take photographs or videos which are uploaded to our online albums and can be accessed via links on our website for the interest and enjoyment of members, their family and friends, or anyone browsing our site. We will never tag or otherwise associate the name or other personal details of anyone in these albums. Media on our website is freely accessible to everyone and will be there indefinitely or, if it features you or your young person, until you ask us to remove it. *

Do you consent to photographs or videos of you/your young person being published on our websites?
Mark only one oval.

- Yes
- No