

YOUNG PERSON INFORMATION 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

Name :			
Address : _____ _____		Tel. No: _____	
Post Code : _____		Mobile: _____	
		Email: _____	
D.O.B.:	Gender : M / F	Religion :	School :

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 : _____	Mobile: _____
Relation to Child : _____	Email: _____
D.O.B.: _____ Job : _____	
Hobbies/Interests : _____	
Scouting/Guiding Background (if any) : _____	

Parent/Guardian 2 – Will be used as secondary contact

Name : _____	Mobile: _____
Relation to Child : _____	Email: _____
D.O.B.: _____ Job : _____	
Hobbies/Interests : _____	
Scouting/Guiding Background (if any) : _____	

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 : _____	

Previous Scouting History (If any)

Previous Scout Group _____	Membership Number (If known) _____
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P.T.O

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