Young person information form

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.

Asian/Asian British

☐ Any other Asian background

☐ Indian☐ Pakistani☐ Bangladeshi☐ Chinese

For the purposes	of this form 'Group' refers to the below Scout Grou	up or l	Explorer Scout Unit.		
Name of Scout Group or Explorer Scout Unit					
Date of joining	D D M M Y Y				
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 p	ersor	ı.		
Surname					
Forename(s)					
Known as					
Date of birth	of birth D D M M Y Y				
*Gender (please t Male Female	cick appropriate box/es)				
☐ Other					
☐ Prefer not to	say				
Nationality					
Ethnicity (pleas	se tick appropriate box)				
White English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other White background			Ck/African/Caribbean/Black British African Caribbean Any other Black/African/Caribbean background		
Mixed/multiple ethnic groups White and Black Caribbean White and Black African		Oth	er ethnic group Arab Other		
White and Asian☐ Any other mixed/multiple ethnic background			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	f the programme, please state which school or college your young person attends.					
	our priority. Please provide information about any disabilities your young person may stments can be made for your young person. This information will be handled with orting your young person.					
Disabilities (please tick those that apply and provide details)	Guidance					
☐ 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, Oth					
☐ 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 nee	eds, or any further information about your young person's disability.					
the section leadership team when they plan the programs	llergies, intolerances, religious or cultural requirements) of your young person to assist me 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 info	ormation				
Title					
Surname					
Forename(s)					
Known as					
Relationship					
Address					
Town					
Country					
Postcode					
Telephone numbers		Email addresses			
Primary		Primary			
Second		Second			
Third		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	Surname				
Postcode					
Forename					
Known as	wn as				
Polationship					

Please tick here if the address is the same as contact 1. If different, complete address details below.					
Address					
Town					
Country					
Telephone numb	pers	Email add	dresses		
Primary		Primary			
Second		Second			
Third		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 the following: Group internally controlled publications and communewsletters, at the Group meeting place, Group social media channels	ication channels, such	n as online news, email, websites,		
Photos, video or audio of the young person in this form will not be	used unless you give u	us your consent below.		
Please select: I am happy for photos, video and audio to be published of the yearness all channels; or	oung person in this for	rm whilst undertaking Scouting activities		
$\ \square$ I do not want any photos, video or audio to be used.				
Additionally other Scout Groups, Districts, Counties/Areas/Regions registrations or other Scouting activities.	and UKHQ may reque	est consent independently as part of event		
Communication preferences Your email address and telephone number will be used by adult vo with you. In addition, the Group may use additional communication		oup as the primary method to communicate		
☐ I agree to the Group sharing my phone number and name with communication platforms, for example WhatsApp.	other parents and mer	mbers of the Group via a closed group via		
Data protection The Scout Association is committed to the Data Principles of the GBy signing this form, I agree to the Group during and beyond my you a) retaining personal data to facilitate any present or potential future Data Protection and Retention Policy b) retaining sensitive (special category) data regarding religion/fait commission of offences or alleged offences, in line with the Gro c) allowing access to personal data to appropriate individuals with	oung person's involver re involvement with S h, disabilities/additiona up Data Protection an	ment with the organisation: icouting, in line with the local Group al needs, ethnicity, medical information and/or d Retention Policy		
Contact 1	Contact 2			
Signature	Signature			
Print	Print			
Date	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.

