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 Group or Explorer Scout Unit. Name of Scout Group or Explorer Scout Unit					
Date of joining	D D M M Y Y				
The data will help	embers' gender, ethnicity, religion or faith, and on the Scouts to understand the makeup of the m	disability is requested by the Scouts to help in monitoring its membership. nembership - monitoring progress against its inclusivity goals and dentify and help leaders meet any specific needs of individuals.			
Young person's information					
Please complete	in block capitals information about the youn	g person.			
Surname					
Forename(s)					
Known as					
Date of birth					
*Gender (please	tick 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		Black/African/Caribbean/Black British ☐ African ☐ Caribbean ☐ Any other Black/African/Caribbean background			
Mixed/multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other mixed/multiple ethnic background		Other ethnic group Arab Other Other			



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	er				
Third phone number					
Contact 2 (if required) Parent/guardian information					
Title					
Surname					
Postcode					
Forename					
Known as	nown as				
Polationship					

Please tick here if the address is the same as contact 1. If different, complete address details below.					
Address					
Town					
Country					
Telephone numbers		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 au the following: Group internally controlled publications and communewsletters, at the Group meeting place, Group social media chan-	nication channels,	such as online news, email, websites,			
Photos, video or audio of the young person in this form will not be	used unless you g	ive us your consent below.			
Please select: I am happy for photos, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels; or					
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					
Additionally other Scout Groups, Districts, Counties/Areas/Regions registrations or other Scouting activities.	s and UKHQ may r	equest consent independently as part of event			
Communication preferences Your email address and telephone number will be used by adult vowith you. In addition, the Group may use additional communication		e Group 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	members of the Group via a closed group via			
Data protection					
The Scout Association is committed to the Data Principles of the G By signing this form, I agree to the Group during and beyond my y					
a) retaining personal data to facilitate any present or potential future Data Protection and Retention Policy	ure involvement w	th Scouting, in line with the local Group			
b) retaining sensitive (special category) data regarding religion/fair commission of offences or alleged offences, in line with the Gro					
c) allowing access to personal data to appropriate individuals with	hin the hierarchy o	f Scouting.			
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.

