Scouts
82nd Bristol
(St Bernadette)

YOUNG PERSON INFORMATION FORM

Scouts
82nd Bristol
(St Bernadette)

To be completed for all young people, under the age of 18 years old, who wish to join the 82nd Bristol (St. Bernadette) Scout Group.

To support the application process as well as potential and current involvement in scouting the details on this form will be stored on OSM, (Online Scout Manager), our online membership system. Some information is considered sensitive personal data under the General Data Protection Regulations (GDPR) and as such will be managed as required under the Legislation. Further information can be found on our Data Privacy Notice or on our website: www.82ndscouts.org.uk.

YOUNG PERSON'S DETAILS (Please print in block capitals. Boxes marked* are compulsory data fields).

Surname*:		**Forename*:**	
Address*			
			Postcode*:
Nationality*:		**Emergency Phone No*:**	
Date of Birth*:	**Gender*:** M / F		**Religion:**
School/College:			

PARENT'S/CARER'S DETAILS – Please give details of the parent(s)/carer(s) the young person lives with. If they live with both parents/guardians, then please give details of both.

Parent/Carer 1 – Will be used as primary contact (emails, phone calls, etc.) and will be directed to them first.

Title*:	**Surname*:**		**Relationship*:**
Forenames*:			**Known as:**
	Gender*: M / F		**Postcode*:**
Phone No*:		**Mobile No*:**	
Email Address*:			

Parent/Carer 2 – Will be used as secondary contact (If completed).

Title:	**Surname*:**		**Relationship*:**
Forename*:			**Known as:**
	Gender: M / F		**Postcode:**
Phone No*:		**Mobile No*:**	
Email Address*:			

Alternative Contact – Someone we can contact if we cannot contact the above Parent(s)/Carer(s). e.g., other parents they do not live with, a relative or family friend who lives nearby.

Name*:		
Address*:		
Postcode*:	**Relationship*:**	
Phone No*:		**Mobile No*:**

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YOUNG PERSON'S MEDICAL DETAILS

Doctor/Surgery*:	
Address:	
Postcode:	**Telephone No*:**

Medical Information: (Please write on reverse of form if necessary)

Dietary Information: (e.g., food allergies, vegetarian, halal or kosher food etc.)

ADDITIONAL NEEDS / DISABILITIES (please tick those as necessary and provide details in the space provided)

Please note we are happy to discuss (in strictest confidence), any additional needs and/or disabilities in more detail so we can best support the young person's membership in Scouting.

☐ Developmental _____	Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia etc.
☐ Injury _____	Injury – Spinal Injury, Missing Limb etc.
☐ Learning _____	Learning – Spina Bifida, Down's Syndrome, Other
☐ Medical _____	Medical – Severe Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue etc
☐ Mental Health _____	Mental Health – Bipolar, Depression, Eating Disorder, Self-Harm etc.
☐ Progressive _____	Progressive – Muscular Dystrophy etc
☐ Sensory _____	Sensory – Hearing, Vision etc.

ETHNICITY INFORMATION

This information is requested by The Scout Association to help in monitoring its membership. (Please tick appropriate box)

☐ **Prefer not to say**

White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveler
- ☐ Any other White background

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Mixed/multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed/multiple ethnic background

Black/African/Caribbean/Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background

☐

Other ethnic group

- ☐ Arab
- ☐ Other

Parent/Carer 1	**Parent/ Carer 2**
Signature*	Signature*
Print*	Print*
Date*	Date*