



5th Carlton Scout Group

Online Youth Member Information Form

You are about to complete an online version of the Scout Group Youth Information form. Please follow the steps below to assist you in completing this form, and returning it to the Scout Group.

- Before completing this form, please **download** and **save a local copy** to your device.
- Please complete all compulsory fields on this Youth Information form, and then return by emailing to 5thcsg@gmail.com

Completing the first form, will automatically populate similar fields on the following forms, but you will still need to complete other appropriate cells on each form.

- Health Form - This is compulsory.
- Gift Aid Declaration—We encourage all SUBS payers to sign up to Gift Aid.

Youth Member 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/guardian must sign the form.

Please note - boxes shaded in grey are compulsory fields.

General Details			
Forename(s)		Date of Birth	
Surname		Gender (select)	
Address		Post code	

Medical Details			
Doctor/Surgery		Telephone No.	
Surgery Address		Post Code	
NHS Number (if known)			
Dietary needs			
Medical information			

Disabilities/additional needs (please place an tick against any that apply and provide details)
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The safety and wellbeing of young people in Scouting is our priority. Please provide information about any disabilities your son/daughter may have, so that adult volunteers can ensure reasonable adjustments can be made for any activity. This information will be handled with extra care and only made available to those directly supporting your son/daughter.

Developmental - ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other		
Injury - Body, Brain		
Physical - Spina Bifida, Down's Syndrome, Other		
Medical - Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other		
Mental Health - Bipolar, Depression, Eating Disorder, Self-Harm, Other		
Progressive - Muscular Dystrophy, Other		
Sensory - Hearing, Vision, Other		

Ethnicity (please place an tick in the appropriate box)		
White	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Gypsy or Irish Traveler	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
Mixed/multiple ethnic groups	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other mixed/multiple background	<input type="checkbox"/>
Asian/Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black/African/Caribbean/Black British	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other Black/African/Caribbean background	<input type="checkbox"/>
Other ethnic group	Arab	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>

Religion or Faith (please place an tick in the appropriate box)		
Buddhist	<input type="checkbox"/>	Christian (all denominations)
Hindu	<input type="checkbox"/>	Jewish
Muslim	<input type="checkbox"/>	Sikh
No religion	<input type="checkbox"/>	Any other religion
Prefer not to say		<input type="checkbox"/>

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

Parent/Gardian 1/Emergency Contact

Title		Forename		Known as	
Surname				Relationship to young person	
Address					
				Post code	

E-mail		Telephone	
By providing an e-mail address you agree to it being registered with our "News by E-mail" service		Home	
E-mail address		Mobile	

Photographs, video and audio			
<p>The following consent options concern photography, video and audio footage of the young person in this form being published via the following: Group internally controlled publications and communication channels, such as online news, email, websites, newsletters, at the Group meeting place, Group social media channels, Group advertising and/or promotional material including press. Images, video or audio of the young person in this form will not be used unless you give us your consent below. Please note that we are unable to control images etc. taken and posted by a third party. We would ask parents etc. to be mindful of publishing images that might go against the wishes of other parents.</p>			
I am happy for images, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels		I do not want any images, video or audio to be used.	

Data protection

The Scout Association is committed to the Data Principles of the General Data Protection Regulation and the Data Protection Act 2018. By signing this form, I agree to the Group during and beyond my young person's involvement with the organisation:

- a) retaining personal data to facilitate any present or potential future involvement with Scouting, in line with the local Group Data Protection and Retention Policy
- b) retaining sensitive (special category) data regarding religion/faith, disabilities/additional needs, ethnicity, medical information and/or commission of offences or alleged offences, in line with the Group Data Protection and Retention Policy
- c) allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

Signature	
Print Name	
Date	

Parent/Gardian 2 (if applicable)

Title		Forename		Known as	
Surname				Relationship to young person	
Address					
				Post code	

E-mail		Telephone	
By providing an e-mail address you agree to it being registered with our "News by E-mail" service		Home	
E-mail address		Mobile	

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Signature	
Print Name	
Date	

Youth Health Form...

The information which you provide on this form will be used by the Section Leader to ensure that each Beaver/Cub/Scout gets the most out of their Scouting and is safe at all times. 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.

This form will be retained by the Section Leader and destroyed when you son/daughter leaves the Group.

General Details			
Forename(s)		Date of Birth	
Surname		Gender (please select)	
Address		Post code	

Youth Member - Medical, Disability & Dietary Information			
Please give details of any medical condition, disability, special educational need or dietary requirements (e.g. asthma, diabetes, epilepsy, food allergies, vegetarian). Continue on a separate sheet if necessary.			
Medicines currently being taken			
Date of late tetanus immunisation		NHS Number	
Doctor/Surgery		Telephone No.	
Surgery Address		Post code	

Contingent Medication			
(Please initial next to each medication if you approve it being given to your child during Scouting activities)			
Paracetamol (painkiller)		Throat lozenges	
Factor 35 sun cream		Imodium (diarrhoea)	
Insect repellent		Senokot (constipation)	
Anti-hisamines		Bonjela (mouth ulcers)	
Antiseptic wipes			

Parent/Gardian 1/Emergency Contact

Title		Forename		Known As	
Surname				Relationship to young person	
Address				Post code	
Home tel.			Mobile No.		

Parent/Gardian 2/Alternative Contact

Title		Forename		Known As	
Surname				Relationship to young person	
Address				Post code	
Home tel.			Mobile No.		

Parental Declaration

In signing below, I give consent for my child to take part in Scouting activities. I understand that the leaders reserve the right to send any participants home if necessary. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge of the activity to sign any document required by the hospital authorities.

Signatory	
Print Name	
E-mail Address	
Date	

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Childrens Act 1989. Thus, medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by the medical authorities.

Gift Aid Declaration Form ...

Boost your subscription/donation by 25p of Gift Aid for every £1 you pay

Gift Aid is a scheme which allows charities to claim, from HMRC, the basic rate of tax their donors have paid. **Gift Aid** increases the value of donations by 25%, so it means even more money goes to the Scout Group – and it won't cost you extra.

In order to Gift Aid your donation please place an X one of the boxes below:

I want to Gift Aid my donation of £102 per child/per year

I want to Gift Aid my single donation of £

and any donations I make in the future or have made in the last four years to:

5th Carlton (St. John's) Scout Group

Member Details		
Child's Name:		

Taxpayer's (donor's) Details			
Forename		Surname	
Home Address			Post code

<i>I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.</i>			
Signed:		Date:	

Please notify the Scout Group if you:

- » want to cancel this declaration
- » change your name or home address
- » no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment Tax Return or ask HMRC to adjust your Tax Code

Thank you!



Thank you for completing our Online Youth Member Form.

What you should do next:

- Save this file locally on your device
- Email it as an attachment to 5thcsg@gmail.com, where it will be received by the Group Scout Leader

If you have any questions or queries, please either speak to your Section Leader or email 5thcsg@gmail.com where we will be able to answer any queries you may have.