

REGISTRATION AND CONSENT FORM

Young Person's details:

First name _____

Last name _____

Date of birth _____

Gender Male Female

Email Address _____

Address _____

Postcode _____

Home phone _____

School/college _____

Scout Group name _____

Section _____

Do you have a medical condition or a disability?

Yes No

General physical

Sensory impairment

Learning/educational

Mental health

Autistic spectrum disorder

ADHD

Multiple

Rare conditions

Not diagnosed

Other

Emergency Contact of parent or carer with parental responsibility:

First name _____

Last name _____

Email Address _____

Address _____

Postcode _____

Home Phone _____

Mobile _____

Medical information – to be completed by parent, guardian or carer

Doctor's details:

Name _____

Practice Address _____

Telephone number _____

Known allergies:

Dietary requirements / food allergies:

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Monitoring Information

The following will be used to help us make sure we are working with all communities in the borough. It will not be used to identify you personally.

Please tick in the appropriate box

White:

- British
- Irish
- Western European
- Eastern European
- Any other white background

Asian:

- British
- Indian
- Pakistani
- Bangladeshi
- Tamil
- Any other Asian background

Black:

- British
- Caribbean
- African
- Any other black background

Mixed ethnicity:

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background

Chinese/other

- Chinese
- Vietnamese
- Any other ethnic group

Other: please specify below.

Lewisham Scouts, in partnership with Lewisham Council will process personal data in strict accordance with the Data Protection Act 1998. Your personal data will be processed for the purpose to which this form relates and, where permissible, may be shared with authorised third parties.

By signing below you endorse this applicant to become a member of The Scout Association, confirm the information provided is correct and give permission for medical or dental treatment to be administered in an emergency situation only, by medically qualified persons, on behalf of the parent/guardian/carer. You also give permission for images to be taken and stored for reports, marketing and promotional use, including on websites.

Young person's signature _____ Date _____

Signature of parent/guardian _____ Date _____