

Membership Form



About the Young Person

Compulsory Fields are marked*

Name*

Surname*

Address*

Young Person's Mobile

Postcode*

Young Person's Email

Date of Birth*

 / /

Gender* M

F

Is this address:

Temporary

Permanent

Foster Care

Hostel/B&B

Can Youth First send the young person information about activities by:

Mobile

Email

Does the Young Person have a medical condition, disability, special educational need or dietary requirement?*

Yes

Please tick all that apply:

No

Autistic Spectrum Disorder

Food Allergy

Allergy (please detail below)

ADHD

Dietary Need

Learning/Educational Need

Asthma

Physical Disability

Other (please detail below)

Sensory Impairment

Mental Health Issue

Please provide details of any medication and additional information regarding the above:

Which of the following best represents the young person's ethnicity?*

Asian or Asian British

Mixed/Dual Heritage

Prefer not to say

Black or Black British

White or White British

Other (please specify)

(Under 16) Which School or College does the young person attend?*

If the young person is over 16, are they currently in education, employment or training? Yes

No

Please give details:

What are the young person's interests and hobbies?

Do they already attend any clubs or activities? (please give details)

Is there any further information you would like to share with us about the young person that you think will be helpful to us, including any worries or concerns or anything you feel we could support you with? (Please speak to a member of staff on site if you prefer.)

What are you hoping/expecting the young person to achieve or get out of attending our provision?

Is the young person? (please tick all that apply and provide further information in the box below. This information is **optional** and will be treated **confidentially**.)

Looked after by the Local Authority Already working with any agencies A Young Carer
 (Which authority? Child Protection Plan, Child in Need, Looked After or Care Leaver etc.) (Kaleidoscope, Social Worker, Hospital, Support at School etc.)

Please give details:

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Parent/Carer/Guardian Details*

(must be **over 18** years old, have **parental responsibility** and **sign below**)

Your details will be used as the **primary emergency contact** for your young person. Please let us know if these details change.

Name*

Relationship to the young person:*

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Surname*

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Mobile Number*

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Address (if different)*

Telephone Number*

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Can Youth First send you information about activities by:

Mobile

Email

Postcode*

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Email

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Second Emergency Contact (Name and Relationship to Young Person)*

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Mobile Number*

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Young Person's Doctor's Surgery

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We take and use images of people who engage in activities in our centres, in print and on social media. Please tick if you **DO NOT** wish images of your young person to be used.

Sometimes our staff supervise visits to other local youth activity sites at short notice. Please tick if you **DO NOT** wish your young person to visit another site without seeking further permission.

We are continually trying to improve the quality of our work and one way we do this is by asking our users for feedback and getting them to think about progress they have made over time. All of this information is kept securely. This information is used to show the difference our work makes in young people's lives but it won't be possible to identify the young person in anything we publish.

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

By signing below you endorse this young person to become a member of Youth First (including partner organisations) and confirm that the information provided is correct. You also give permission for medical or dental treatment to be administered in an emergency situation only, by medically qualified persons on your behalf.

By signing this registration form, you give permission for this young person's personal data and attendance record to be retained and used by both Lewisham Council and Youth First.

Signed:*

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Date:*

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