Version 1

December 2015

This form is aimed to assist in the collecting of information regarding young people under 18 years of age, who are looking to join Adventurers MK. Those young people aged 14 years and over should complete the Communications Preferences section and sign the form. Parents/guardians must also sign the form.

Your personal data will be stored to support your registration process and your current and potential future involvement in Adventurers MK. It is also kept for monitoring purposes. Some information is considered sensitive personal data under the Data Protection Act 1998 and as such will be managed as required under the act.

Please complete in block capitals.

**Young Person’s Details**

Title

Forename(s)

Surname

Date of Birth

Gender **M** **F**

Known as

Nationality

**Ethnicity** (please tick appropriate box; recorded for statistical purposes)

This Ethnicity and Religious information is requested by Adventurers MK to help in monitoring its membership. The data will help the Organisation in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work, and will identify and help Leaders meet any specific needs of individuals.

White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African

White Asian Any other mixed/multi ethnic background

Asian/Asian British

Indian Pakistani

Bangladeshi Chinese

Black/African/Caribbean/Black British

African Caribbean

Other ethnic group

Arab Other

**Religion or Faith** (please tick as appropriate; recorded for statistical purposes)

Buddhist Christian (all denominations) Catholic

Hindu Jewish Muslim

Sikh No Religion Other

**Young Person’s Contact Information**

Full Name

Address

Postcode

**First Emergency Contact Information**

Forename

Surname

Relationship

Address

Postcode

Email Address

Home Phone Mobile

**Second Emergency Contact Information**

Forename

Surname

Relationship

Address

Postcode

Email Address

Home Phone Mobile

**Medical Details**

Doctor

Surgery

Address

Phone Number

**Medical Information**

**Additional needs/Disabilities** (please tick those as necessary and provide details)

Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other

Injury – Body, Brain

Learning - 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

**Other Please state**

**Dietary Needs**

Data Protection

As a registered Data Controller, The Adventurers MK is committed to the Data Principles of the Data Protection Act 1998. By signing this form, I agree to the Adventurers MK during and beyond my child’s involvement with the organisation:

1. Retaining personal data to facilitate any present or potential future involvement with Adventurers MK;
2. Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information
3. Allowing access to personal data to appropriate individuals within the hierarchy of Adventurers MK.

**Parent/Guardian Signature**

**Young Person’s Signature**

Should you require any support with the completion of this form, you can contact your leader on **07747716453**

or by email [**info@adventurersmk.com**](mailto:info@adventurersmk.com)