

YOUNG PERSON INFORMATION FORM.

This form is aimed to assist in the collecting of information regarding young people under 18 years of age, who are looking to join Scouting.

The form is designed so that the information is collected in the correct order to help with the inputting of information onto Compass, The Scout Association's online membership system.

New members of Scout Network who are also new to Scouting should complete the Adult Information Form.

Those young people aged 14 years and over should complete the Communications Preferences section and sign the form.

Parents/guardians must sign the form.

Personal data will be stored on the system to support the application process and current and potential future involvement in Scouting. 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. Parents/guardians will be able to edit their own and their child's data on Compass; and young people can edit their own details.

Communications

The Scout Association will not sell or promote products to those under 14 years of age. All communications to those under 14 will also be sent to parents/guardians.

Ethnicity and Religious Information

This information is requested by The Scout Association to help in monitoring its membership. The data will help the Association in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work both nationally and locally, and will identify and help Leaders meet any specific needs of individuals.

You can update the personal information on Compass, after registering, at any time.

Once the information has been added to Compass, this form will not be retained.

Please complete in block capitals. Yellowed out boxes are compulsory fields on Compass.

Title	<input type="text"/>
Surname	<input type="text"/>
Previous Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Gender	<input type="text" value="M"/> <input type="text" value="F"/>
Postcode	<input type="text"/>
Member Number (if known)	<input type="text"/>
Known as	<input type="text"/>
Nationality	<input type="text"/>

Ethnicity (please tick appropriate box)

White

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

Mixed/multiple ethnic groups

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

Asian/Asian British

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

Black/African/Caribbean/Black British

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

Other ethnic group

- Arab
- Other
- Prefer not to say

Religion or Faith (please tick as appropriate)

- Buddhist
- Christian (all denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Any Other Religion
- No Religion
- Prefer not to say

School/College/University

Young Person's Contact Details

Address

Town

Postcode

Country

Email Addresses (Please indicate in the small box which email is your primary contact – for those under 14, any emails will automatically be sent to the nominated adult)

Home

Other

Other

Telephone Numbers (Please indicate in the small box which phone number is your primary contact)

Home

Mobile Number

Other

Social Media username (Facebook, Twitter, Google+)

Emergency Contact

Forename

Surname

Known as

Relationship

Primary Phone Number

Second Phone Number

Third Phone Number

Medical Details

Doctor/Surgery

Surgery Address

Telephone

NHS Number

Post code

Dietary Needs

Medical Information

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

Developmental

Injury

Learning

Medical

Mental health

Progressive

Sensory

Guidance

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

Contact 1 (Designated primary contact)

Parent/Guardian Information

Title

Surname

Date of Birth Gender Postcode

Forename

Known as

Relationship

Please tick here if the address is the same as the young person. If different, complete address details below.

Address	
Town	
Country	

Occupation

- Employed
- Unemployed
- Retired (whether receiving a pension or not)
- Student
- Looking after home or family
- Long-term sick or disabled
- Other

Occupation Details

Gift Aid

Make your gift do more. By ticking the box above, you will increase the value of all donations and subscriptions you have made for the past four years and for future donations until you notify otherwise. To qualify for gift aid you must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCS) reclaim for that tax year (currently 25p for each £1 you give). Taxes such as VAT and Council Tax do not qualify.

Telephone numbers

Primary	
Second	
Third	

Email addresses

Primary	
Second	
Third	

Social Media username (Facebook, Twitter, Google+)

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Contact 2 (if required)

Parent/Guardian Information

Title															
Surname															
Date of Birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Gender	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F	Postcode	
D	D	M	M	Y	Y	Y	Y								
M	F														
Forename															
Known as															
Relationship															

Please tick here if the address is the same as the young person. If different, complete address details below.

Address	
Town	
Country	

Occupation

- Employed
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Telephone numbers

Primary	<input type="text"/>
Second	<input type="text"/>
Third	<input type="text"/>

Email addresses

Primary	<input type="text"/>
Second	<input type="text"/>
Third	<input type="text"/>

Social Media username (Facebook, Twitter, Google+)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Communications Preferences

The Association, at all levels, will use your details to contact you with information relevant to Scouting. Youth members 14 years of age and over should also confirm their communications preferences as we may contact them directly.

Additionally, from time to time we would like to contact you with details of news, products, offers and services from The Scout Association and local Scouting in your area (Group, District etc).

Let us know if you would prefer not to receive information about any of the following:

I do not wish to receive details:	Contact 1	Contact 2	Young people aged 14 years and over
about Scout Activity Centres and campsites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
of events and fundraising opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
from Scout Shops Ltd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
of insurance for Scouting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contacting you with the above information will support Scouting activities. All profits go straight back into Scouting to support the development of our leaders and growing Scouting around the UK, including areas where young people do not currently have the opportunity to join.

Partners or Third Parties

We may also have information, offers and opportunities for Scout members and supporters from carefully selected third parties or organisations that the Association may partner with.

I am happy to receive information about third party or partner organisation offers and opportunities.	Contact 1	Contact 2	Young people aged 14 years and over
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Scout Association will not transfer or sell your personal details to any third party organisations without consent or as required by law. Please note: You can amend your communications preferences online by editing your profile on Compass at any time.

Data Protection

As a registered Data Controller, The Scout Association is committed to the Data Principles of the Data Protection Act 1998.

By signing this form, I agree to the Scout Association during and beyond my child's involvement with the organisation:

- a) Retaining personal data to facilitate any present or potential future involvement with Scouting;
- b) Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences
- c) Allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

Contact 1

Signature	<input type="text"/>
Print	<input type="text"/>
Date	<input type="text"/>

Contact 2

Signature	<input type="text"/>
Print	<input type="text"/>
Date	<input type="text"/>

Young people aged 14 years and over

Signature	<input type="text"/>
Print	<input type="text"/>
Date	<input type="text"/>

Should you require any support with the completion of this form, you can contact your leader, line manager or the Scout Information Centre on **020 8433 7100, 0845 300 1818**

or by email **info.centre@scouts.org.uk**
Scottish Headquarters on **01383 419073**
or Northern Ireland Headquarters on **028 9049 2829**