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.

Other ethnic group

☐ Prefer not to say

☐ Arab☐ Other

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.

can edit their own details. Please complete in block capitals. Red outlined boxes are compulsory fields on Compass. Title Surname Previous Surname Forename(s) Date of Birth Gender M Postcode Member Number (if known) Known as Nationality **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

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						
Third Phone Number						
Medical Details						
Doctor/Surgery						
Surgery Address						
Telephone						
NHS Number						
Post code						
Dietary Needs						
Medical Information						
Wedical information						
Additional needs/Disabilities	(please tick those as necessary and provide de	tails)				
	Guidance					
☐ Developmental	Developmental – ADHD/A	DD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other				
☐ Injury	Injury – Body, Brain					
☐ Physical	Physical – Spina Bifida, Do	wn's Syndrome, Other				
☐ Medical	Medical – Allergies, Arthri	tis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other				
☐ Mental health	Mental Health – Bipolar, D	epression, Eating Disorder, self-harm, Other				
☐ Progressive	Progressive – Muscular Dystrophy, Other					
Sensory	Sensory – Hearing, Vision,	Other				
Contact 1 (Designated primary conta	act)					
Parent/Guardian Information						
Title						
Surname						
Date of Birth	Gender M F	Postrada				
	Gender M F	Postcode				
Forename						
Known as						
Relationship						

☐ Please tick here	re if the address is the same as the young person. If differ	rent, 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 Gift aid information fo scouts.org.uk, in the fu	or the HMRC is not collected using this information form. It should be rec fundraising section.	corded in a suitable format, such as the form that can be found in the Members Area of			
Telephone numb	bers	Email addresses			
Primary		Primary			
Second		Second			
Third		Third			
Social Media user	rname (Facebook, Twitter, Google+)				
Contact 2 (if red					
Title					
Surname					
Date of Birth	Gender	M F Postcode			
Forename					
Known as					
Relationship					
•					
☐ Please tick here	re if the address is the same as the young person. If differ	rent, complete address details below.			
Address					
Town					
Country					
Occupation Employed Unemployed Retired (wheth Student Looking after h Long-term sick Other	her receiving a pension or not) home or family	Occupation Details			

Gift Aid

Gift aid information for the HMRC is not collected using this information form. It should be recorded in a suitable format, such as the form that can be found in the Members Area of scouts.org.uk, in the fundraising section.

Telephone numbers			Email addresses						
Primary			Primary						
Second			Second						
Third			Third						
Social Media username (Facebook, Twitter, Goo	ogle+)			_					
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 rece	eive infori	mation about a	any of the follow	ring:					
I do not wish to receive details:	C	ontact 1	Contact 2	Young people ag	ged 14 years and over				
about Scout Activity Centres and campsites									
of events and fundraising opportunities									
from Scout Shops Ltd									
of insurance for Scouting									
Contacting you with the above information will ment of our leaders and growing Scouting arou									
Partners or Third Parties We may also have information, offers and opportions that the Association may partner with.	ortunities fo	or Scout membe	ers and supporters	from carefully selec	cted third parties or organisa-				
I am happy to receive information about third p or partner organisation offers and opportunities	arty	ontact 1	Contact 2	Young people ag	ged 14 years and over				
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	Contact	2		Young peop	ole aged 14 years and over				
Signature	Signature	2		Signature					
Print	Print			Print					
Date	Date			Date					

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