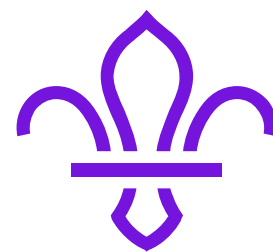


# 4<sup>th</sup> Worth Squirrels

# Information Form



This form is aimed to assist in the collecting of information regarding young people under 18 years of age, who are in Scouting. Personal data will be stored on the scouting system to support the involvement in Scouting.

Ethnicity and Religious Information: This information is requested by The Scout Association to help in monitoring its membership.

## Squirrel Personal Details

|  |            |           |       |
|--|------------|-----------|-------|
| Young Person Name  |            | Gender    | M / F |
| Date of Birth  |            | Religion  |       |
| Nationality  |            | Ethnicity |       |
| Previous Squirrel Group  |            | School    |       |
| Home Address   | Postcode : |           |       |
| Doctor/Surgery Address   |            |           |       |
| Disabilities, Medical conditions, special needs, allergies etc |            |           |       |

## Parents Contact Details

| Parent #1 | Mum / Dad / Other | Parent #2 | Mum / Dad / Other |
|-----------|-------------------|-----------|-------------------|
| Name      |                   | Name      |                   |
| Telephone |                   | Telephone |                   |
| Email     |                   | Email     |                   |
| Address   |                   | Address   |                   |

## Permissions & Signature

|      |   |                  |  |
|------|---|------------------|--|
| Y/N  | I give consent for the storage and processing of sensitive personal information, including medical details (these are required for the safety of your child). I understand these may be shared with other Scout groups/organisers if/when my child moves sections or attends external events.   |                  |  |
| Y/N  | I give consent for photos/videos of my child to be taken, stored and shared internally in the meeting location, local press, Scout websites and social media. I understand that if I later withdraw consent, previously published photos will not be able to be removed. (Regardless of this consent, the group/unit is not responsible for photos taken by other parties). |                  |  |
| Y/N  | I give permission for my child to leave the 4th Worth HQ during normal squirrel meeting times to take part in supervised outdoor activities at Squirrels. This includes offsite activities and walks.   |                  |  |
| Date |   | Parent Signature |  |