**2nd Holywood Scout Group**

**Young Person Information Form**

Date

Signed by Parent or Guardian

**Data Protection**

The Scout Association is committed to the Data principles of the General Data Protection Regulations and the Data Protection Act 2018. By signing this form, I agree to the Group during and beyond my young person’s involvement with the organisation:

1. Retaining personal data to facilitate any present or potential future involvement with Scouting. In line with the local Group Data Protection and Retention Policy.
2. Retaining sensitive (special category) data regarding religion/faith, disabilities/additional needs, ethnicity, medical information and/or commission of offences or alleged offences, in line with the Group Data Protection and Retention Policy.
3. Allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

Address if different from above

 Postcode

Home phone

Home Phone

Address if different from above

Postcode

Any other information we should be aware of

**Photographs, video and audio**

The following consent options concern photography, video and audio footage of the young person in this being published via the following: Group internally controlled publications and communications channels, such as online news, email, websites, newsletters, at the Group meeting place, Group social media channels, Group advertising and/or promotional material including press.

Photos, video or audio of the young person in this form will not be used unless you give your consent below.

 I am happy for photos, video and audio to be published of the young person in this form whilst undertaking Scouting activities across all channels; or

 I do not want any photos, video or audio to be used.

Medical Information

Dietary Needs

Full Name

Surgery Address Postcode

Doctor’s Telephone

Doctor

Email

**Medical Details**

Permit emails from your child’s Leader

Permit emails from your child’s Leader

Mobile Phone

Email

Mobile Phone

Relationship to member

Relationship to member

Name

Name

**Emergency Contact 2**

Known as

Date of Birth

School

Nationality

Religion

**Emergency Contact 1**

Address

 Postcode