

# YOUNG PERSON INFORMATION FORM

To be completed for all young people, under the age of 18 years old, who wish to join the  
82<sup>nd</sup> Bristol (St. Bernadette) Scout Group.

To support the application process as well as potential and current involvement in scouting the details on this form will be stored on OSM, (Online Scout Manager), our online membership system. Some information is considered sensitive personal data under the General Data Protection Regulations (GDPR) and as such will be managed as required under the Legislation.

Further information can be found on our [Data Privacy Notice](#) or on our website: [www.82ndscouts.org.uk](http://www.82ndscouts.org.uk).

## YOUNG PERSON'S DETAILS (Please print in block capitals. Boxes marked\* are compulsory data fields).

<b>Surname*:</b>		<b>Forename*:</b>	
<b>Address*</b>			
			<b>Postcode*:</b>
<b>Nationality*:</b>	<b>Emergency Phone No*:</b>		
<b>Date of Birth*:</b>	<b>Gender*:</b>	<b>M / F</b>	<b>Religion:</b>
<b>School/College:</b>			

**PARENT'S/GUARDIAN'S DETAILS** – Please give details of the parent(s)/guardian(s) the young person lives with. If they live with both parents/guardians, then please give details of both.

**Parent/Guardian 1** – Will be used as primary contact (emails, phone calls, etc.) and will be directed to them first.

<b>Title*:</b>	<b>Surname*:</b>	<b>Relationship*:</b>
<b>Forenames*:</b>		<b>Known as:</b>
	<b>Gender*:</b>	<b>Postcode*:</b>
	<b>M / F</b>	
<b>Phone No*:</b>	<b>Mobile No*:</b>	
<b>Email Address*:</b>		

**Parent/Guardian 2** – Will be used as secondary contact (If completed).

<b>Title:</b>	<b>Surname*:</b>	<b>Relationship*:</b>
<b>Forename*:</b>		<b>Known as:</b>
	<b>Gender:</b>	<b>Postcode:</b>
	<b>M / F</b>	
<b>Phone No*:</b>	<b>Mobile No*:</b>	
<b>Email Address*:</b>		

**Alternative Contact** – Someone we can contact if we cannot contact the above Parent(s)/Guardian(s).  
e.g. other parent they do not live with, a relative or family friend who lives nearby.

<b>Name*:</b>		
<b>Address*:</b>		
<b>Postcode*:</b>	<b>Relationship*:</b>	
<b>Phone No*:</b>	<b>Mobile No*:</b>	

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## YOUNG PERSON'S MEDICAL DETAILS

<b>Doctor/Surgery*:</b>	
<b>Address:</b>	
<b>Postcode:</b>	<b>Telephone No*:</b>

**Medical Information:** (Please write on reverse of form if necessary)

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**Dietary Information:** (e.g. food allergies, vegetarian, halal or kosher food etc.)

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### ADDITIONAL NEEDS / DISABILITIES (please tick those as necessary and provide details in the space provided)

Please note we are happy to discuss (in strictest confidence), any additional needs and/or disabilities in more details so we can best support the young person's membership in Scouting.

- |  |   |
|--|---|
| <input type="checkbox"/> Developmental _____ | Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia etc.            |
| <input type="checkbox"/> Injury _____        | Injury – Spinal Injury, Missing Limb etc.   |
| <input type="checkbox"/> Learning _____      | Learning – Spina Bifida, Down's Syndrome, Other   |
| <input type="checkbox"/> Medical _____       | Medical – Severe Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue etc |
| <input type="checkbox"/> Mental Health _____ | Mental Health – Bipolar, Depression, Eating Disorder, Self-Harm etc.                      |
| <input type="checkbox"/> Progressive _____   | Progressive – Muscular Dystrophy etc  |
| <input type="checkbox"/> Sensory _____       | Sensory – Hearing, Vision etc.  |

### ETHNICITY INFORMATION

This information is requested by The Scout Association to help in monitoring its membership. (Please tick appropriate box)

Prefer not to say

#### White

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

#### Asian/Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background

#### Mixed/multiple ethnic groups

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

#### Black/African/Caribbean/Black British

- African  
 Caribbean  
 Any other Black/African/Caribbean background

#### Other ethnic group

- Arab  
 Other

<b>Parent/Guardian 1</b>	<b>Parent/ Guardian 2</b>
Signature*	Signature*
Print*	Print*
Date*	Date*