

EXPLORER YOUNG LEADER INFORMATION FORM

To be completed for all young people, who wish to become a District Explorer Young Leader with the 82nd Bristol (St. Bernadette) Scout Group.

Some information is considered sensitive personal data under the Data Protection Act 1998 and as such will be managed as required under the act. Information currently held on OSM (Online Scout Manager) will be shared with the District Explorer Leadership Team.

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

| | | | |
|--|------------------|-----------------------|------------------|
| Title*: | Surname*: | Forename*: | |
| Address* | | | |
| Postcode*: | | Nationality*: | |
| Date of Birth*: | | Gender*: M / F | Religion: |
| Email Address*: <small>. Please print clearly</small> | | | |
| School/College: | | | |
| Who long have you been in scouting | | .years | |

SCOUT GROUP DETAILS

| | | | |
|-------------------------------|--|-----------------------|--|
| Scout Group: | | | |
| Section Training with: | | Meeting Night: | |

PARENT'S/GUARDIAN'S DETAILS

These details will be used as the primary contact, all emails, phones calls etc., will be directed to this person in the first instance.

| | | | |
|------------------------|-----------------------|-----------------------|--|
| Title*: | Surname*: | Relationship*: | |
| Forenames*: | | Known as: | |
| Date of Birth*: | Gender*: M / F | Postcode*: | |
| Phone No*: | | Mobile No*: | |
| Email Address: | | | |

Alternative Contact – Someone we can contact if we can't contact the above Parent/Guardian.
e.g. other parent they don't live with, a relative or family friend who as agreed to be contacted should the need arise.

| | |
|-------------------|-----------------------|
| Name*: | |
| Address*: | |
| Postcode*: | Relationship*: |
| Phone No*: | Mobile No*: |

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YOUNG PERSON'S MEDICAL DETAILS

| | |
|-------------------------|-----------------------|
| Doctor/Surgery*: | |
| Address: | |
| Postcode: | Telephone No*: |

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

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

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

| | | |
|--|----------------------|---|
| <input type="checkbox"/> Developmental | <input type="text"/> | Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia etc |
| <input type="checkbox"/> Injury | <input type="text"/> | Injury – Spinal Injury, missing limb etc |
| <input type="checkbox"/> Learning | <input type="text"/> | Learning – Spina Bifida, Down's Syndrome, Other |
| <input type="checkbox"/> Medical | <input type="text"/> | Medical – Severe Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue etc |
| <input type="checkbox"/> Mental health | <input type="text"/> | Mental Health – Bipolar, Depression, Eating Disorder, self-harm etc |
| <input type="checkbox"/> Progressive | <input type="text"/> | Progressive – Muscular Dystrophy etc |
| <input type="checkbox"/> Sensory | <input type="text"/> | 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 Traveller
☐ 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

| | |
|--|---|
| Scout Signature* Print* Date* | Parent/ Guardian Signature* Print* Date* |
|--|---|

A copy of this form to be forwarded onto the DESC/ District Explorer Young Leaders Leader once completed