

# EXPLORER YOUNG LEADER INFORMATION FORM

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

Some information is considered sensitive personal data under the General Data Protection Regulation (GDPR) and as such will be managed as required under the legislation. Information currently held by the Scout Group 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).

<b>Title:</b>	<b>Surname*:</b>	<b>Forename*:</b>
<b>Address*</b>		<b>Postcode*:</b>
<b>Tel. No:</b>	<b>Nationality*:</b>	
<b>Date of Birth*:</b>	<b>Gender: M / F</b>	<b>Religion:</b>
<b>Email Address*:</b>		<small>. Please print clearly</small>
<b>School/College:</b>		

<b>How long have you been in scouting</b>	<b>years</b>
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## **SCOUT GROUP DETAILS**

<b>Scout Group*:</b>			
<b>Section Training with*:</b>		<b>Meeting Night:</b>	

## **PARENT'S/GUARDIAN'S DETAILS**

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

<b>Title*:</b>	<b>Surname*:</b>	<b>Relationship*:</b>
<b>Forenames*:</b>		<b>Known as:</b>
<b>Date of Birth:</b>	<b>Gender: M / F</b>	<b>Postcode*:</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/Guardian.  
e.g. other parent they do not live with, a relative or family friend who as agreed to be contacted should the need arise.

<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>

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

### 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.

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|--|--|
| <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*

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