

**Youth Work Participant Information Form**

Project ID: \_\_\_\_\_

Project Title: \_\_\_\_\_

Client Ref: \_\_\_\_\_

**YOUNG PERSONS PERSONAL INFORMATION**

First Name(s): _____	Surname: _____
Address: _____ _____	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
	Telephone: _____
	E-mail Address: _____
<b>Ethnic Origin</b> (please tick ONE box)	School attended: _____

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> White (British)   | <input type="checkbox"/> Black (British)          | <input type="checkbox"/> Asian (British)     |
| <input type="checkbox"/> White (Scottish)  | <input type="checkbox"/> Black (Caribbean)        | <input type="checkbox"/> Asian (Chinese)     |
| <input type="checkbox"/> White (English)   | <input type="checkbox"/> Black (African)          | <input type="checkbox"/> Asian (Indian)      |
| <input type="checkbox"/> White (Welsh)     | <input type="checkbox"/> Black (Other) *          | <input type="checkbox"/> Asian (Pakistani)   |
| <input type="checkbox"/> White (Irish)     | <input type="checkbox"/> Mixed White / Asian      | <input type="checkbox"/> Asian (Bangladeshi) |
| <input type="checkbox"/> White (Other) *   | <input type="checkbox"/> Mixed White / Black      | <input type="checkbox"/> Asian (Other)*      |
| <input type="checkbox"/> Gypsy / Traveller | <input type="checkbox"/> Other Mixed Background * | <input type="checkbox"/> Arabic              |

**If you have ticked a category marked \***

specify your ethnic group: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS (2 required)**

<b>Name 1:</b> _____	<b>Name 2:</b> _____
<b>Address:</b> _____ _____ _____	<b>Address:</b> _____ _____ _____
<b>Telephone No:</b> _____	<b>Telephone No:</b> _____
<b>Relationship to young person:</b> _____	<b>Relationship to young person:</b> _____

**MEDICAL INFORMATION**

<b>Doctor's Name:</b> _____	<b>Known allergies:</b>          
<b>Address:</b> _____ _____	
<b>Telephone No:</b> _____	

Are there any sight and/or hearing difficulties we should be aware of? YES ☐ No ☐  
If yes, please specify \_\_\_\_\_

Are there any medical conditions we should be aware of? YES ☐ No ☐  
If yes, please specify \_\_\_\_\_

Is support required with development, behaviour, speech, diet or special needs? YES ☐ No ☐  
If yes, please specify \_\_\_\_\_

**SERVICE INFORMATION****Youth Programme**

The youth club / project operate a programme of activities which aims to fulfil the requirements of Fife Council's Youth Work Policy. Copies of this document are available on request. Club activities may include:

- |                           |   |                        |
|---------------------------|---|------------------------|
| ▪ Arts and Drama          | ▪ Health Education (including Sexual Health)        | ▪ Fundraising events   |
| ▪ Civic events            | ▪ Alcohol and Drug Education                        | ▪ Visits to other club |
| ▪ Cultural awareness      | ▪ Peer education                                    |                        |
| ▪ Environmental Education | ▪ Trips to swimming pool, bowling alley, cinema etc |                        |

*This is not an exhaustive list, but is intended to provide an overview of the types of activity undertaken by the club.*

Please note that **money and valuables**, including mobile phones, should not be brought to the Club. The Club cannot be held responsible for loss or damage to any such articles.

Non - local excursions, outdoor education and residential excursions, will require separate individual permission forms.

The Club operates a **complaints procedure**. Information on the complaints procedure and how to make a complaint is available on request.

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**How we use your information**

The information provided by you on this form will be used by the Communities and Wellbeing Partnership in order to register your child/yourself for participation in their youth work service and to allow monitoring of the performance of services offered. For further online information the Communities and Wellbeing Partnership Privacy Notice is available at <https://www.fifedirect.org.uk/privacy/communitieswellbeing> or available on request.

Communities and Wellbeing Partnership would like to seek your permission to take photographs and make recordings. These may be used for publicity purpose to promote the Partnership and their services. We may use the photograph and recordings in a variety of ways, for example in printed publication, and on websites (including social networking sites such as Facebook, Twitter, Flickr, etc), radio and TV.

- We will only use the information you give us in conjunction with the photographs / recordings we take.
- The Communities and Wellbeing Partnership will never include personal contact details (addresses or phone numbers) in our printed materials, on websites or in the media.

Please tick  
Yes ☐ No ☐

I give my permission for images or recordings of my child / me to be used by the Partnership for publicity purposes to promote their Services.

**Over 16 years**

In signing this Youth Work Participant Information form I:

- Confirm that I have read, understood and will fully comply with the information stated and confirm that I will comply with all requests from staff and follow Club policies, procedures and rules.
- Confirm that I will advise of any significant change(s) to the information provided.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Under 16 parental / guardian permission**

Additional permission is required for the following activities which may be included as part of the club/project programme.

Swimming

Yes ☐ No ☐

Local excursions / playing on playground equipment

Yes ☐ No ☐

Cooking / Baking

Yes ☐ No ☐

Watching PG Rated videos / games

Yes ☐ No ☐

Using the Internet, under supervision

Yes ☐ No ☐

Having high factor sun cream applied

Yes ☐ No ☐

I give permission for my child to **return home alone** at the conclusion of club activities

Yes ☐ No ☐

Should transport be used it will only be in a designated community use mini bus (with an additional member of staff in the rear of the bus) or in a coach provided and driven by a coach hire company.

In signing this Youth Work Participant Information form I:

- Give permission to my child taking part in Club activities.
- Confirm that I have read, understood and will fully comply with the information stated and confirm that I will comply with all requests from staff and follow Club policies, procedures and rules.
- Confirm that I will advise of any significant change(s) to the information provided.

**Print name:** \_\_\_\_\_ **Relationship to young person:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**OFFICIAL USE ONLY**

This form must be checked by a member of staff to ensure that all relevant sections have been completed.

Health and safety of participants is paramount and this form must be readily available when the club is in progress should emergency contact, medical information or permission confirmation be required.

Ensure that this form is held in accordance with GDPR/Data Protection Act 2018.

**Staff member:** **Print Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_