

NEW MEMBER INFORMATION FORM



SECTION (PLEASE CIRCLE):

BEAVERS

CUBS

SCOUTS

Young Person's name _____ Date of Birth _____

Date of Form _____

THIS IS A CONFIDENTIAL DOCUMENT WHICH WILL BE HELD IN ACCORDANCE WITH DATA PROTECTION LEGISLATION. PLEASE READ THE FOLLOWING PRIVACY NOTICE CAREFULLY.

PRIVACY NOTICE

Purpose of Collection: The information you provide in this form is being collected with a view to safeguarding the welfare of the young person concerned during their membership of (and attendance at activities organised by) the 5th Potters Bar Scout Group and for general administration of the Group and its Sections. The following are *examples* of the situations in which this information will be used:-

- In the event of a young person requiring emergency treatment, the medical information provided within this form will be of assistance to medical authorities in deciding the most appropriate treatment to give.
- Details of any existing conditions will be shared amongst the leaders on a need to know basis in order to protect the medical welfare of a young person.
- All or part of the information provided within this form will be transferred from one section to another as the young person progresses through the Group – i.e. from Beavers to Cubs, and then to Scouts.
- We may use videos or images of you for our website, social media and other promotional materials. This is to show prospective members what we do. We may use these photographs and videos after you have left us.
- We will keep details of the young person's and parent(s)'s name and e-mail address for an indefinite period in order to facilitate Group reunions/major events. Full details of our retention periods are available in the Group's Data Protection Policy.

You can *withdraw your consent* or *update the information provided* at any time by contacting scoutleaders@5pbscouts.co.uk.

Please see the Group's Data Protection Policy on our website at www.5pbscouts.co.uk/dp

Consent: You hereby give the 5th Potters Bar Scout Group permission to lawfully process the information within this form in accordance with the Group's Data Protection Policy.

I give the Consent requested above.

I DO NOT give the Consent requested above.

Ethnicity and Religion _____
(the Scout Association requires this for the annual census)

Previous scouting experience _____

Please make sure we know of any medical or other problems that may affect your child at scouts using the below space. Please speak to a leader if required.

Parent(s)/Guardian name(s) and address(es)

Phone. No(s).

Parents'/Guardians' Email contact (looked at least twice a week)

You can contact me **frequently / for urgent needs only / not at all** (please delete as appropriate)

Email

Name for the email address

Other Email contact(s)

We rely on parents to help with running the group, HQ maintenance and occasionally with hobbies badges that the scouts wish to undertake. Please therefore list some of your hobbies, interests, jobs and skills below:

The troop has a web site (www.5pb Scouts.co.uk) and we need permission to include photographs that may contain an image of your child as part of a group of scouts, e.g. activities at a meeting or at camp. I **do/ do not** give permission for images of my child to appear on 5th Potters Bar Group websites and/or on the Group's Social Media accounts.

Signed..... Date.....

Name..... Relationship to Child.....