Version 3 December 2014





scouts.org.uk

This form is aimed to assist in the collecting of information regarding young people under 18 years of age, who are looking to join Scouting.

The form is designed so that the information is collected in the correct order to help with the inputting of information onto Compass, The Scout Association's online membership system.

New members of Scout Network who are also new to Scouting should complete the Adult Information Form.

Those young people aged 14 years and over should complete the Communications Preferences section and sign the form.

Parents/guardians must sign the form.

Personal data will be stored on the system to support the application process and current and potential future involvement in Scouting. Some information is considered sensitive personal data under the Data Protection Act 1998 and as such will be managed as required under the act. Further information can be found at **scouts.org.uk/dataprotection**. Parents/guardians will be able to edit their own and their child's data on Compass; and young people can edit their own details.

Communications

The Scout Association will not sell or promote products to those under 14 years of age. All communications to those under 14 will also be sent to parents/guardians.

Ethnicity and Religious Information

This information is requested by The Scout Association to help in monitoring its membership. The data will help the Association in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work both nationally and locally, and will identify and help Leaders meet any specific needs of individuals.

You can update the personal information on Compass, after registering, at any time.

Once the information has been added to Compass, this form will not be retained.

Please complete in block capitals. Boxes marked with * are compulsory fields on Compass.

Title*																										
Surname*																										
Previous Surname																										
Forename(s)*																										
Date of Birth*	D	D	Μ	Μ	Y	Y	Y	Y]				Ger	nde	r*	Μ	F									
Postcode*]				Me	mbe	er N	umk	ber	(if k	nov	vn)						
Known as*																										
Nationality*																										

Ethnicity* (please tick appropriate box)

White

English/Welsh/Scottish/Northern Irish/British

🗌 Irish

- Gypsy or Irish Traveller
- □ Any other White background

Mixed/multiple ethnic groups

U White and Black Caribbean

 \Box White and Black African

□ White and Asian

□ Any other mixed/multiple ethnic background

Asian/Asian British

🗌 Indian

🗌 Pakistani

🗌 Bangladeshi

Chinese

 \square Any other Asian background

Black/African/Caribbean/Black British

🗌 African

🗌 Caribbean

Any other Black/African/Caribbean background

Other ethnic group

Other

Prefer not to say

Religion or Faith* (please tick as appropriate)

 Buddhist Christian (all denom Hindu 	inations)
☐ Jewish	
🗌 Muslim	
🗌 Sikh	
Any Other Religion	
No Religion	
Prefer not to say	

School/College/University

Young Person's Contact Details

Address*																																			
																																Τ			
																													<u> </u>		1	T		+	
Te																															\pm	\pm	\pm	\pm	
Town*							-																												
Postcode*																																			
Country*																																			
Email Addres sent to the nor	ses mina	(Ple	ase Lac	ind lult)	lica	te ir	n the	e sm	nall k	зох	whi	ch e	ema	il is	you	ur pr	ima	ry c	onta	act -	- for	thc	se	und	er 1	4, a	iny	ema	ails	will	aut	tom	natica	ally	be
□ Home*																																		T	
□ Other																																	<u> </u>		
□ Other																																			
Telephone Nu	[ers	(Pl	ease	e in	dica	ite ii	n th	e sn	nall	box	wh	ich	phc	one	num	ıber	is y	/our	prir	nary	COI	ntad	ct)											
🗌 Other	[]																			
Social Media u Emergency					bod	ok, ⁻	Twit	ter,	Goc]	ogle	+)																								
Forename*																												Τ	Τ	Τ		Τ		\top	

Forename*																		
Surname*																		
Known as*																		
Relationship*																		

Primary Phone Number*	
Second Phone Number	
Third Phone Number	

Medical Details

Doctor/Surgery*																	
Surgery Address																	
Telephone*																	
NHS Number																	
Post code																	
Dietary Needs																	

Medical Information

Additional needs/Disabilities (please tick those as necessary and provide details)

	Guidance
Developmental	Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other
Injury	Injury – Body, Brain
Physical	Physical – Spina Bifida, Down's Syndrome, Other
Medical	Medical – Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other
Mental health	Mental Health – Bipolar, Depression, Eating Disorder, self-harm, Other
Progressive	Progressive – Muscular Dystrophy, Other
Sensory	Sensory – Hearing, Vision, Other

Contact 1 (Designated primary contact)

Parent/Guardian Information

Title*																									
Surname*																									
Date of Birth	D	D	Μ	Μ	Y	Y	Y	Y			Ge	nde	er*	Μ	F			I	Post	cod	e*				
Forename*																									
Known as																									
Relationship*																									

□ Please tick here if the address is the same as the young person. If different, complete address details below.

Address*	
Town*	
Country*	

Occupation	Occupation Details
Employed	
Unemployed	
Retired (whether receiving a pension or not)	
Student	
Looking after home or family	
Long-term sick or disabled	
Other	

Gift Aid Gift aid information for the HMRC is not collected using this information form. It should be recorded in a suitable format, such as the form that can be found in the Members Area of scouts.org.uk, in the fundraising section.

Telephone numbers	Email addre	esses
Primary*	Primary*	
Second	Second	
Third	Third	
Social Media username (Facebook, Twitter, Goog	?+)	

Contact 2 (if required)

Parent/Guardian Information

Title*																															
Surname*																															
Date of Birth	D	D	Μ	Μ	Y	Y	Y	Y					Ge	nde	er*	Μ	F							Post	coc	le*					
Forename*																															
Known as																															
Relationship*																															
□ Please tick her Address*	e if t	the	add	ress	is t	he s	ame	e as	the	you	ing p	pers	son.	If c	liffe	rent	, co	mpl	ete	ado	lress	de	tails	bel	ow.						
Town* Country*																															
Occupation Employed Unemployed Retired (wheth Student Looking after Long-term sick Other	hom	e oi	r far	nily		ion	or r	not)	1	1					I	Occ	upa	atior	n De	etail	S				1		1		1		

Gift Aid

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Telephone numbers		Email addresses				
Primary*		Primary*				
Second		Second				
Third		Third				
Social Media username (Facebook, Twitter, Google+)						

Communications Preferences

The Association, at all levels, will use your details to contact you with information relevant to Scouting. Youth members 14 years of age and over should also confirm their communications preferences as we may contact them directly.

Additionally, from time to time we would like to contact you with details of news, products, offers and services from The Scout Association and local Scouting in your area (Group, District etc).

Let us know if you would prefer not to receive information about any of the following:

l do not wish to receive details:	Contact 1	Contact 2	Young people aged 14 years and over
about Scout Activity Centres and campsites			
of events and fundraising opportunities			
from Scout Shops Ltd			
of insurance for Scouting			

Contacting you with the above information will support Scouting activities. All profits go straight back into Scouting to support the development of our leaders and growing Scouting around the UK, including areas where young people do not currently have the opportunity to join.

Partners or Third Parties

We may also have information, offers and opportunities for Scout members and supporters from carefully selected third parties or organisations that the Association may partner with.

	Contact 1	Contact 2	Young people aged 14 years and over
I am happy to receive information about third party			
or partner organisation offers and opportunities.			

The Scout Association will not transfer or sell your personal details to any third party organisations without consent or as required by law. Please note: You can amend your communications preferences online by editing your profile on Compass at any time.

Data Protection

As a registered Data Controller, The Scout Association is committed to the Data Principles of the Data Protection Act 1998.

By signing this form, I agree to the Scout Association during and beyond my child's involvement with the organisation:

- a) Retaining personal data to facilitate any present or potential future involvement with Scouting;
- b) Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences
- c) Allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

Contact 1	Contact 2	Young people aged 14 years and over
Signature*	Signature*	Signature*
Print*	Print*	Print*
Date*	Date*	Date*

Should you require any support with the completion of this form, you can contact your leader, line manager or the Scout Information Centre on **020 8433 7100, 0845 300 1818**

or by email **info.centre@scouts.org.uk** Scottish Headquarters on **01383 419073** or Northern Ireland Headquarters on **028 9049 2829**

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