

Youth Work Membership Form

Origination Details – To be completed by Youth Worker

Club/Project: **Worker:**

Name: Known As:

Date of birth: Address:

Post Code: Email:

Home telephone: Your Mobile Phone No:

Are you Female Male

How would you describe yourself?

- | | | |
|--|--|--|
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Asian/Asian British – Pakistani |
| <input type="checkbox"/> Asian/Asian British – Other | <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> Black/Black British – Caribbean |
| <input type="checkbox"/> Black/Black British – Other | <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed – White/Asian |
| <input type="checkbox"/> Mixed – White Black African | <input type="checkbox"/> Mixed – White/Black Caribbean | <input type="checkbox"/> White – British |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> White – Other | <input type="checkbox"/> Not provided |
| <input type="checkbox"/> Gypsy Heritage Traveller | <input type="checkbox"/> Romany Heritage Traveller | <input type="checkbox"/> Irish Heritage Traveller |

Would you describe yourself as having a disability? Yes No

What school do you/did you attend?

Are you planning to, or have you, stayed on in education after the age of 16? Yes No

In an emergency, who can we contact?

Name: Relationship to you (Mother, Uncle, etc)

Telephone: Mobile:

Any medical condition/information
we might need to know?

Are you already registered as a member on another youth work programme? Yes No

Please list any other clubs
or groups you go to:

Signed: (young person) Date:

Signed: (parent/carer)* Date:

**To be signed by the parent or carer if the applicant is under 16 years of age*

Please complete the Photograph/Video permission Form overleaf

Any personal information provided on this form will be held on a computer or other filing system and may be shared with Connexions and other similar youth organisations in accordance with the Data Protection Act 1988

Photograph/Video Permission Form

Whilst young people are taking part in activities organised by our youth workers we occasionally like to record an event or activity by taking photographs or using a video camera. The images may be used for reports, displays etc or even just as memories for the young people. We are aware of the sensitivity surrounding this issue and therefore will not photograph/video any young person without the consent of their parent/carer.

If you are happy for your son/daughter to be photographed/videotaped during the normal course of the activity please complete the form below.

Please complete this form in Block Capitals (except your signature)

Name of Organisation to whom permission is being given:

Child/children's Name/s _____

Parent/Carer's Name: _____

Address: _____

_____ **Post code:** _____

I am the parent/legal guardian of the child(ren) named above and I give permission for my child(ren) to be photographed or videotaped whilst in the care of the organisation named above for the following purposes (please tick all that apply)

- Photo Albums
- Displays
- Reports/evaluation
- Printed publications available to the public
- Youth work/Connexions Website
- Newspaper articles

For child protection reasons, children's names will not be given in any publication. However if you are happy for their full name to appear in a News Paper article please tick this box:

Parent's signature: _____

Date: _____

Thank you for your cooperation