

# Membership Form

Origination Details - To be completed by YSS staff

Activity: \_\_\_\_\_ 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/other ethnic group - Chinese | <input type="checkbox"/> Gypsy/Roma                      |
| <input type="checkbox"/> Mixed - Other mixed background    | <input type="checkbox"/> Mixed - White/Black African          | <input type="checkbox"/> Mixed - White/Black Caribbean   |
| <input type="checkbox"/> Mixed White/Asian                 | <input type="checkbox"/> Other ethnic group                   | <input type="checkbox"/> Other ethnic group - Arab       |
| <input type="checkbox"/> White - British                   | <input type="checkbox"/> White - Irish                        | <input type="checkbox"/> White - Other White             |

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 Support Service 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**

## Photograph/Video Permission

Whilst young people are taking part in activities organised by the Youth Support Service 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 an activity please complete the form below.

Please complete this form in **BLOCK CAPITALS** (except for 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 named overleaf and I give permission for my child to be photographed or videotaped whilst in the care of the organisation named overleaf for the following purposes (please tick all that apply)*

- Photo Albums
- Displays
- Reports/Evaluation
- Printed publications available to the public
- The Youth Support Service/Youthoria Websites
- 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 co-operation*