NAME OF YOUNG PERSON.…………………………………………………..

………………………………………………………………

DATE OF BIRTH:………………………………………….

ADDRESS…………………………………………….……………………………………………………………………

POSTCODE………………………………………………..

CONTACT NUMBER……………………………………..

EMAIL………………………………………………………

NAME OF SCHOOL………………………………………

NAME OF PARENT/

CARER………………………………………………………

ADDRESS (IF DIFFERENT FROM ADDRESS SUPPLIED)……………………………………………………

…………………………………………………………………

CONTACT NUMBER………………………………………...

NAME OF EMERGENCY CONTACT 2 ………………………………………………………………….

RELATIONSHIP TO PARTICIPANT……………………….

CONTACT NUMBER………………………………………...

**DISABILITY**

DO YOU HAVE A DISABILITY OR SPECIAL LEARNING NEED? **YES NO**

If YES, please specify (i.e., autism, aspergers, adhd, wheelchair user, MS, etc)

DO YOU NEED ANY ADDITIONAL SUPPORT/ ONE TO ONE? **YES NO**

If YES, please explain

DO YOU HAVE ANY MOBILITY PROBLEMS OR NEED ANY ASSISTANCE? **YES NO**

If YES, please explain

**MEDICAL INFORMATION**

DO YOU SUFFER FROM ANY ALLERGIES? **YES NO**

If YES, please give details (i.e., peanuts, fish, hayfever, plasters, etc)

DO YOU SUFFER FROM ANY OTHER MEDICAL CONDITIONS? **YES NO**

If YES, please give details (i.e., asthma, diabetes, epilepsy, etc)

ARE YOU TAKING ANY MEDICATION WE SHOULD BE AWARE OF? **YES NO**

If YES, please give details

DO YOU GIVE PERMISSION TO RECEIVE ANY FIRST AID ON SITE? **YES NO**

(Including plasters, antiseptic wipes, bandages, ice packs)

**ETHNIC ORIGIN** (Please Specify) …………………………………..…………….

**LANGUAGES**

Which languages do you speak? Please specify:

……………………………………………………………………...

**GENDER**

 Male Female Other

Prefer not to say

**FREE SCHOOL MEALS**

Does the young person receive free school meals? **YES NO**

**DIETARY REQUIREMENTS**

PLEASE EXPLAIN ANY SPECIFIC REQUIREMENTS (i.e., vegetarian, vegan, food allergies, etc)

………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………….

**Data Protection:**

I understand that my/my child’s personal information will be collected and processed by Action4Youth to enable Action4Youth to operate programmes and meet its legal safeguarding requirements. **YES NO**

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I consent to my/ my child’s personal information being processed by Action4Youth **YES NO**

I understand that Action4Youth may need to share some information with funders/ schools **YES NO**

I understand I can contact Action4Youth at any time to have my/ my child’s details removed **YES NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent to my child being photographed/ videoed by Action4Youth **YES NO**

I give consent to Action4Youth using these photographs/ videos to promote our work on social media, our website, print and for evaluation purposes **YES NO**

I understand that these pictures may be used by our funders/ partners as an example of

Action4Youth good practice **YES NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION:**

**By signing this declaration, you are agreeing to the below statements;**

I understand that my child’s full name, date of birth and photo will be used to create a membership card for access to The Junction and they must bring this with them to attend

I understand that my child will follow the Action4Youth behaviour policy and if my/ my child’s behaviour is deemed as unacceptable they will be asked to leave.

I understand that Action4Youth is covered by insurance for all activities and outings.

I understand that my child’s personal information can be shared with the Library, Eden Security staff and/or the police if there are behavioural issues or damages to The Junction, Library or Eden Centre

Signed Parent/ Carer……………………………………………………………….

Date:…………………………………………..

PRINT NAME:………………………………………………………………

For full details about how and why we use your data please see our Privacy Policy at: [www.action4youth.org/privacy-policy/](http://www.action4youth.org/privacy-policy/)

**CODE OF CONDUCT**

**Young person’s responsibilities**

The Junction is the place for all young people in High Wycombe aged 12- 18 years (up to 25 with additional needs). Young people are responsible for following our simple code of conduct whilst at The Junction. If a young person breaks rules, they will be asked to leave and if they continue to do so then they may be banned from The Junction, Library, and The Eden Centre.

**Participation Code of Conduct**

1. Follow safety rules and the law
2. No alcohol, illegal drugs, pen knives or weapons
3. Register on arrival
4. Be respectful to everyone and everything
5. Include everyone
6. Challenge yourself (in other words, take part)
7. No bullying
8. No vaping/ smoking anywhere inside the library building
9. Appropriate language
10. No membership card no entry

Signed by Young Person ………………………………………..

Date:…………………………………………..………….………..

PRINT NAME:………………………………..………….……….