



Registered Charity No: 1072073

Youth Work -Young Person's Registration Form

Trinity Youth Association, Registered Charity No. 1072073, Company Limited by Guarantee 03557279:

Details of Family:

Parent/Carer Details:	Title	<input type="text"/>	Surname	<input type="text"/>	
			First Name	<input type="text"/>	
Home Address:					
Name	<input type="text"/>			Tel Number:	<input type="text"/>
Address	<input type="text"/>			email	<input type="text"/>
Address	<input type="text"/>	Post Code	<input type="text"/>		
County	<input type="text"/>			Mobile Number:	<input type="text"/>
Young Persons details:					
Young Persons Full Name	<input type="text"/>				
Known as	<input type="text"/>	Date of Birth	<input type="text"/>		
Sex	<input type="text"/>	Address	<input type="text"/>		
		Address	<input type="text"/>	Post Code	<input type="text"/>
		County	<input type="text"/>		

Emergency Contact Details:

Name	<input type="text"/>	Relationship to child	<input type="text"/>
Phone Number home	<input type="text"/>	Phone Number Work	<input type="text"/>
		Mobile Number	<input type="text"/>
<hr/>			
Name	<input type="text"/>	Relationship to child	<input type="text"/>
Phone Number home	<input type="text"/>	Phone Number Work	<input type="text"/>
		Mobile Number	<input type="text"/>

Do you consider your child to have a disability?

If yes please provide details of diagnosed conditions

Are there any other relevant details about your child you feel we should know?

Health Professional's Information

Doctor		Dentist					
Name	<input type="text"/>	Name	<input type="text"/>				
Practice	<input type="text"/>	Practice	<input type="text"/>				
Address	<input type="text"/>		Address	<input type="text"/>			
Address	<input type="text"/>	Post Code	<input type="text"/>	Address	<input type="text"/>	Post Code	<input type="text"/>
County	<input type="text"/>		County	<input type="text"/>			
Phone Number	<input type="text"/>		Phone Number	<input type="text"/>			

Ethnicity and Religion:

Ethnicity:

White:

- White British
- White Irish
- Other White

Mixed:

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed

Asian/Black
British:

- Indian
- Pakistani
- Bangladeshi
- Other Asian

Black/Black
British:

- Caribbean
- African
- Other Black

Other Ethnic:

- Chinese
- Any other
- Not stated

Religion:

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Question Refused

Other (please state)

Young Person's First Language

Nationality

Please state any cultural or religious events or activities that the staff should be aware of, and how we might be able to meet your child's and families cultural needs:

Photographs and publicity

We require your permission to take photographs of your children. We may also wish to use these images for advertising purposes or wall displays within the setting. Please indicate where appropriate, if you wish to give consent for photographs of your child/ren to be used for particular purposes.

- Internally for displays
- Publicity purposes i.e. Newspaper, newsletters etc
- TV Video
- Website

You will be informed prior to your child/ren's/young person's photo being used for external purposes

Trips & Outings

There may be occasions where children and young people are involved in short trips or visits to local facilities such as parks either on foot or in a vehicle. I know of no medical or other reason why he/she may not participate.

Yes, I agree for my child/young person to be involved in local trips and outings

No, I do not agree for my child/young person to be involved in local trips and outings

The organisation occasionally runs larger trips, particularly in holiday times. These will often incur a cost, and specific permission. Full details will be given and specific consent will be sought, prior to any such trip or outing.

Emergency medical examination and treatments (including anaesthetics and blood transfusions)

If your child needs urgent or emergency medical treatment, we will take them to a doctor, dentist or hospital as quickly as possible for an examination. We will try and contact you to tell you what has happened.

If your child's life is at risk or they have a serious illness/injury, a doctor can treat them without permission as they have a duty to act in the best interests of their patient. We will of course continue to try and contact you.

When we do manage to contact you, we will ask you for your consent to any more treatments or medicine your child needs.

If we have not been able to contact you and your child needs emergency medical treatment your signature in the box below allows us to give your consent on your behalf. We will continue to try and contact you to tell you what has happened and what treatment has been agreed.

Parental Agreement to emergency medical treatment:

A) I agree to my child receiving emergency medical treatment including transfusions/anaesthetics as considered necessary by the medical authorities present.

Parents Signature

Print name

Date

OR

B) I agree to my child receiving emergency medical treatment including transfusions/anaesthetics as considered necessary by the medical authorities present **with the exception of the administration of blood or blood products.** I fully accept full legal responsibility for the decision and release Trinity Youth Association and its staff from any legal responsibility for the consequences resulting from my decision not to consent to the transfusion of blood or blood products. My child carries an advance medical directive document which informs appropriate medical authorities accordingly.

Parents Signature

Print name

Date

Allergies

Please tell us about any allergies that your child may have and any special requirements that we may have to carry out as a result of it.

Parents Signature

Print name

Date

Complaints

Trinity take any complaints very seriously, and will investigate any complaint made immediately. You will be required to complete a complaint form. All complaints will remain confidential.

Complaints can be made to Trinity verbally on 01670531843, or in writing, and sent to the address below:

Robert Poxon
Chief Executive.
The Orval Community Centre.
Roslin Park.
Bedlington
Northumberland
NE22 5HU

Agreement

I believe that the information I have given is accurate and that I am in agreement with the terms and conditions laid out in this contract.

Parents Signature

Print name

Date

Authorised on behalf of Trinity Youth Association

Team Leader Signature

Print name

Date

Data Protection

Notice of fair processing

As with all statutory and voluntary organisations working with children and young people. Trinity youth Association process information on people using our services in order to run the services to meet the needs of the children and young people and to ensure young people remain safe and their welfare safeguard.

This notice is to tell you about the types of data held, why that data is held and to whom it may be passed on.

Trinity holds information on all children and young people that use our services in order to support their needs and learning, to monitor and report on their progress, to provide appropriate pastoral care and to assess how well the organisation as a whole is doing. This information includes contact details, nonstatutory assessments, attendance information, characteristics such as ethnic group, special educational needs and any relevant medical information.

From time to time we may be required to pass some of this data to the Local Authority (LA's), child protection teams and police that are prescribed by law. A senior member of staff will discuss any concerns with you before we contact any other professional.

Children and young people who use our service as data subjects, have certain rights under the Data Protection Act, including a general right of access to personal data held on them, with parents exercising this right on their behalf, if they are too young to do so themselves, if you wish to access that personal data held about your child then please contact Trinity in writing:

Robert Poxon
Chief Executive
The Oval Community Centre
Roslin Park
Bedlington
Northumberland
NE22 5HU

In order to fulfil our responsibilities under the act, Trinity may, before responding to this request, seek proof of the requestor's identity and any further information required to locate the information requested.

Please note that all rights under the data protection act to do with information about your child rests with them as soon as they are old enough to understand these rights. This will vary from one child to another and you will wish to consider the position for your child, as a broad guide it is reckoned that most children will have sufficient understanding by the age of 12. We would therefore encourage you to share this note with your child when they are aged 12, or over.