

YOUTH WORK YOUNG PERSONS REGISTRATION FORM

Data Protection Statement:

The information you have provided on this form will be held on a secure database to be used by HDYCA for the purpose of maintaining and improving the level of service given to young people within the Dudley Borough. Information that can personally identify a young person will only be made available internally to the HDYCA Services at Dudley Borough. For any queries on how your details will be held, please contact us.

General Details

First name		Last name	
Email address		Text message no.	

Young Persons Details

Nickname		Date of birth	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Name of School/College			

How would you describe your Ethnic Origin?

Asian	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Please specify	Dual Heritage	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Dual Background Please specify
Black	<input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black Background Please specify	White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White Background Please specify
Chinese	<input type="checkbox"/> Chinese <input type="checkbox"/> Other Chinese Background Please specify	Yemeni	<input type="checkbox"/>
Other	<input type="checkbox"/> Other Ethnic Group		

Contact Details

House no.		Address	
Phone no. 1			
Phone no. 2			
		Postcode	

What are you doing now? Are you in school, college, employed, unemployed etc – Please state below:

Are you registered disabled or would you describe yourself as having any disability Yes/No*

Emergency Contact

First name	
Last name	
Relationship	
Phone no. 1	
Phone no. 2	

Medicine Information

Medical information	
What medicine is needed/carried	

Signatures

Young person: in signing this form you agree to H/DYCA storing your information and using it as and when is needed.

Parent/Guardians: in signing this form you agree to give consent to the young person named being involved in sessions and activities in which images of the said young person may be taken and possibly used in displays either internally or externally of the provision, this includes H/DYCA website, in the centre, funders feedback etc.

Young Person (sign)	Date
Parent/ Guardian (Sign)	Date
Worker (sign)	Date