

1ST TWYFORD SCOUT GROUP – MEMBERSHIP DETAILS FORM



NEW MEMBER'S DETAILS

Full Name: _____ Known as: _____

Date of Birth: _____ School: _____

Address: _____

Post Code: _____

Joining Date: _____

| | | | | | | | | |
|---------|--------------|--------|--------------------------|----------|--|---------|--------------------------|--------------------------|
| Gender: | | Female | <input type="checkbox"/> | Section: | | Beavers | <input type="checkbox"/> | |
| | | Male | <input type="checkbox"/> | | | | Cubs | <input type="checkbox"/> |
| | Please tick: | Other | <input type="checkbox"/> | | | | Scouts | <input type="checkbox"/> |

Doctor/Surgery: _____ Surgery Tel No: _____

Address: _____

*Disabilities: _____ *Allergies: _____

*Additional Needs: _____ *Dietary needs: _____

*Medical conditions: _____ Nationality: _____

***if you need more space please use a separate sheet of paper – or the back of this!**

Ethnicity: – please tick as appropriate

| | | | |
|---|--------------------------|--|--------------------------|
| English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Gypsy or Irish Traveller | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White and Black Caribbean | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | African | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Any other mixed/multiple ethnic background | <input type="checkbox"/> | Any other Black/African/Caribbean background | <input type="checkbox"/> |
| Arab | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Religion: - please tick as appropriate:

| | | | |
|-------------------------------|--------------------------|--------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Christian – all denominations | <input type="checkbox"/> | Any other religion | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | No religion | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | | |
| Muslim | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Any additional relevant info: _____

Why we need the information

The Scout Association requires us to ask for detailed Member's information which will be held on the national Scout database, so please ensure all areas of this form are completed in full.

To enable leaders to look after your child it is extremely important that they are made aware of any allergies, disabilities, additional needs, medical conditions or special dietary needs.

Please also advise us of any family information that will help us avoid any awkward moments – any such sensitive information will only be held within the Group.

Please sign and date the form on page 4.

NEW MEMBER'S PARENTS' DETAILS

Parent/ Guardian 1

First name: _____ Surname: _____

Relationship to Child: _____ Email: _____

Address (if different from above): _____

Postcode: _____

Telephone 1: _____ Telephone 2: _____

Parent/ Guardian 2 or Emergency Contact

First name: _____ Surname: _____

Relationship to Child: _____ Email: _____

Address (if different from above): _____

Postcode: _____

Telephone 1: _____ Telephone 2: _____

Parent/ Guardian 3 or Emergency Contact

Name: _____ Contact Number: _____

Occupations/Special Interests of parents (optional) _____

Data Protection

As a registered Data Controller, The Scout Association is committed to the Data Principles of the Data Protection Act 2018. By signing this form, I agree to the Scout Association during and beyond my child’s involvement with the organisation:

- a) Retaining personal data to facilitate any present or potential future involvement with Scouting.
- b) Retaining personal data regarding religion, additional needs, disabilities, ethnicity, medical information and/or commission of offences or alleged offences
- c) Allowing access to personal data to appropriate individuals within the hierarchy of Scouting

Twyford Scout Group’s Privacy Policy is available to view on our website. Should you wish to see what information is being held you may ask the Group’s Data Controller for details.

ADMINISTRATION

In keeping with modern-day legislation there are a number of other items which we need to address:

1. Disclosure Application DBS

We would like you to complete a disclosure application, one for each parent, to safeguard the children and yourselves. Should you be involved even temporarily with children other than your own, then you are safeguarding yourself and the Group if you have DBS clearance (previously called CRB). It is certainly not essential unless you choose to take part in our annual Parent & Child Camp. In which case it is compulsory. Please feel free to talk to us about it.

2. Newspaper & Media Articles

Should your son or daughter be selected, for example, to feature in a local paper photograph then we need your general permission for that and whether his or her name may appear in the caption.

3. Membership Records & the Data Protection Act

We shall require to maintain records for your child, especially details of their progress through Scouting. Information held within our Scout Group may be shared from time to time within Scouting, including the Association HQ. Certain information is classified by law as 'Sensitive Personal Data'. In a Scouting context this may include information about your child containing name, address, date of birth, contact telephone number(s) and e-mail address (if possible), together with:-

Health and/or allergies. To ensure that we are prepared for medical emergencies it is important that we hold relevant information which you advise us of.

Disabilities/Additional needs. To ensure a safe integration into activities, details of any disabilities or additional needs need to be known.

Religious or similar beliefs. This will help us to make appropriate arrangements when necessary.

Racial or ethnic origin. Again, this will help us to be sensitive to the cultural needs of our members.

To hold the 'Sensitive Personal Data' – if there is any – we need your explicit consent which can be given by completing this form. All information will only be used in connection with your child's membership of the Scout Movement in the United Kingdom – this will include membership management and communications. Any of the information provided will not be passed to any third parties outside the Scout Movement.

It is important that parents advise leaders of any changes to their child's details at a later date.

This includes changes to contact details and, most importantly, health issues.

4. Gift Aid

If you are a tax payer and complete the Gift Aid Declaration on page 4 then the Scout Group will reclaim 25p of tax on every £1 you give on or after 6 April 2008.

Please notify the 1st Twyford Scout Group in writing if you:

- a) Want to cancel this declaration
- b) Change your name or home address
- c) No longer pay sufficient tax on your income and/or capital gains tax

NB. If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

MEMBER'S DETAILS DECLARATION for _____ (CHILD'S NAME)

- 1) I accept that the Scout Group will be keeping information about my child's membership of 1st Twyford for Scouting purposes.
- 2) **I give*/do not give*** explicit consent to the holding of information about my child's* health; disabilities; religion or faith; race/ethnic origin for Scouting purposes.
- 3) **I give*/do not give*** consent for my child to feature in a media article or picture **with*/but without*** their name appearing.
- 4) I confirm that the details given on this form are correct.
- 5) **I may be interested** in helping erect marquees*/**I am unable to help** with marquee erecting at present*.

*** Please delete above as applicable**

Signature: _____

Parent / Guardian* delete as required

Print Name: _____

Date: _____

GIFT AID DECLARATION - 1st TWYFORD SCOUT GROUP

Make your contributions worth 25% more by ticking the GIFT AID BOX and signing below.

Please tick box:

Gift Aid (Charity No:269687)

Name: _____

Date: _____

Address: _____

_____ Post Code: _____

I want to Gift Aid any donations I make now or in the future or have made in the past 4 years to the 1st Twyford Scout Group.

I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want this charity to reclaim tax on my subscription(s), initiated on the date above. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand that the charity will reclaim 25p of tax on every £1 that I have given. Please notify the Scout Group if you wish to cancel this declaration, no longer pay sufficient tax on your income and/or capital gains tax or if you change your name or home address.

Signature: _____