***For Office Use Only.* MEMBERSHIP NUMBER:**

**HARTLEPOOL YOUTH SERVICE**

**MEMBERSHIP APPLICATION FORM**

***(ALL SECTIONS MUST BE COMPLETED IN INK AND CAPITAL LETTERS)***

Project Name:

Name of School/College/Work:

Member at any other project (please list projects):

Where did you hear about us?:

Forename(s): Surname:

D.O.B (dd/mm/yy): / / Age:

Address: Town: Postcode: \_\_\_\_\_\_

Contact Number: Emergency Contact Number:

**Gender:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Transgender |  | Other (*specify below)* |  |
| Prefer Not to Say |  |  |  |  |  |  |  |

If you chose ‘Other’, please specify:

**Ethnic Origin:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White - British |  | White – Irish |  | White – Other (*specify below)* |  | White & Black Carribean |  |
| White & Black African |  | White & Asian |  | Mixed – Other (*specify below)* |  | Indian |  |
| Pakistani |  | Bangladeshi |  | Asian – Other (*specify below)* |  | Carribean |  |
| African |  | Black – Other (*specify below)* |  | Chinese |  | Other (*specify below)* |  |
| Prefer Not to Say |  |  |  |  |  |  |  |

If you chose any of the ‘Other’ categories above, please specify:

**Medical History:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Asthma |  | Epilepsy |  | Diabetes |  | Allergies |  |
| Fainting |  | Anxiety |  | Migraines |  | Other (*specify below)* |  |

If you chose ‘Other’, please specify:

Do you have a Disability?:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If you chose ‘Yes’, please specify:

Please list any long term prescribed medication currently being taken:

In order to support you better, could you please tick all that apply to you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Special Educational Needs |  | Entitled to Free School Meals |  | Looked After (In Care) |  |
| Pregnancy / Young Parent |  | Accessing CAMHS/Counselling |  | Young Carer |  |
| Asylum Seeker |  | School Attendance/Exclusion |  | Other (*specify below)* |  |

If you chose ‘Other’, please specify:

**CONSENT TO SHARE & STORE INFORMATION**

***(PLEASE TICK ALL BOXES AT THE END OF EACH STATEMENT YOU AGREE WITH)***

|  |
| --- |
| I understand that the information on this form will be held on a secure database by Hartlepool Borough Council Youth Service for the purpose of monitoring progress and outcomes for young people. The data will be held until the age of 19 and up to 25 for young people with additional needs.I consent to the sharing of information recorded, where appropriate, with persons who have a similar role in supporting young people, including health professionals, Children’s Hub, Family Support and Police where this would benefit me, and this would be discussed with me in advance.I understand that I can withdraw this consent at any time and have the right to access information held on me. I also have the right to withdraw consent.If any data is inaccurate, I have the right to have records amended and, in certain circumstances, deleted. If I think there is a problem with the way Hartlepool Borough Council is handling information, I can complain to the Information Commissioner’s Office (ICO) via their website at ico.org.uk/concerns/The Youth Service privacy notice, which gives more detail on the information held by the service can be accessed via the HBC website or in hard copy by asking your Youth Worker.I consent to my photographs being taken during Youth Service Activities and for it to be used, if required, for promotional purposes and evidence of projects with Youth Services. |
| If you would like to access our privacy notice to get more information on how we store and use your information please go to the following page on the council’s website www.hartlepool.gov.uk/privacy-notices. If you have any questions regarding what you have read in the ‘Consent to Share and Store Information’ section, please speak to your Youth Worker |

Signature of Applicant: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carers *(If applicant is under 16)*: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verbal Consent**

In light of the COVID 19 pandemic from September 2020 we are accepting verbal consent from Parents and Carers (those young people under 16 years of age only) to avoid the transmission of infection.

Name of Parent/Guardian:

Relationship to Applicant:

Date of Verbal Consent Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Verbal Consent Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff member receiving consent:

***PLEASE NOTE:*** *The health and safety of young people who attend our projects/provisions is our number one priority. If you would like to discuss how we are protecting young people or to see our COVID-19 specific risk assessment, please contact us on 01429 523900 or email hartlepoolyouthoffer@hartlepool.gov.uk*