



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 Caribbean	
White & Black African		White & Asian		Mixed - Other (specify below)		Indian	
Pakistani		Bangladeshi		Asian - Other (specify below)		Caribbean	
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