

ALL SECTIONS MUST BE COMPLETED IN INK & CAPITAL LETTERS

PROJECT NAME:

FOR OFFICE USE ONLY

MEMBERSHIP NUMBER:

NAME OF SCHOOL/COLLEGE/WORK:

First Name :

Surname :

Date of birth :
D D M M Y Y

Age :

Full Address :

Contact no. :

Email :

Emergency contact no. :

Name & relationship :

Gender : Male Female Transgender
 Prefer not to say Other (Please specify):

Ethnicity : White - British White - Irish White - Other
 White & Black Caribbean White & Black African White & Asian
 Mixed - Other Indian Pakistani
 Bangladeshi Asian - Other Caribbean
 African Black - Other Chinese
 Prefer not to say Other

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

Medical history : Asthma Epilepsy Diabetes
(tick all that apply) Allergies Fainting Anxiety
 Migraines Other (please specify):

Please list any long-term prescribed medication currently being taken:

Please tick all that applies to you : Disability Entitled to free school meals Looked after (in care)
(so we can provide better support) Young parent/Pregnant Accessing CAMHS/Counselling Young carer
 Special educational needs School attendance/Exclusion Asylum seeker
 Other

Have you ever had an Education, Health and Care Plan? : Yes No Don't know
(EHCP)

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

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|--|--------------------------|
| 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. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| 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/ | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

APPLICANT SIGNATURE :

Date :
D D M M Y Y

PARENT/CARER SIGNATURE :
(FOR APPLICANTS UNDER 16)

Date :
D D M M Y Y

PARENT/CARER FULL NAME :

DATE FORM RECEIVED :
D D M M Y Y

NAME OF STAFF MEMBER RECEIVING CONSENT :