



## Brunswick YCC Registration Form, Data Protection and Sharing Statement

**THIS FORM MUST BE COMPLETED BY ALL MEMBERS.**

It must be completed by a parent or guardian for Under-16s. (If an Under-16 enter CHILD'S details below.)

If appropriate, the information you provide in the form will be shared within Sefton's Youth Team and its partners. We will use this information to monitor if we are providing the best possible services for young people. If you do not want information to be shared please tick this box:

We may take photographs of the activities we offer, which may include you/ your child. These may be used to help us prove the work carried out to our funders, or to promote the Centre on our website or in media releases. If you object to this, then please tick this box:

First Name(s)		Surname	
Gender	Male / Female	Date of Birth	
School			
Full Address (inc. Postcode)			
Telephone Number		Mobile Number	
E-mail			

### Emergency Contact Details

Name		Relation to you/ child	
Full Address (inc. Postcode)			
Telephone Number		Mobile Number	

### Ethnicity Monitoring (please tick the option you identify with)

<u>Asian</u>	<u>Black</u>	<u>Mixed Dual Heritage</u>	<u>White</u>
Bangladeshi	African	White & Asian	White British
Chinese	Caribbean	White & Black African	White Irish
Indian	Other Black	White & Black Caribbean	Polish
Pakistani		Other Mixed	Other white
Other Asian			
			Traveller

### Disability Monitoring

Do you consider yourself to have an impairment / disability?

YES / NO

**If you have answered YES, how would you describe your impairment (please select from the options below)**

Physical Impairment		Visual Impairment		Learning Disability		Hearing Impairment	
Long term illness		Other (please specify here)					

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

(Enter Parent or Guardian's name if completing form for an Under-16)