## 4th Rushden Scout Group Membership Form



Version 1.0 (28/02/2022)

**Dietary Needs** 

	s form must be fully completed, sig	ned by a parent or guardian and returned to:
For additional applications,	please complete an additional form.	
	Young person's	nformation
Forename(s)		
Surname		
Known as		Date of Birth
Sex	Male Female	
Nationality	British (English, Welsh, Other please specify	Northern Irish, Scottish)
Ethnicity		
Religion/Faith		
School		
Dr's Full Name		
Surgery		
Surgery Address		
0 ,		
additional needs your child		ority. Please provide information about any disabilities and/or an ensure reasonable adjustments can be made. This or those supporting your child.
Please provide full details of taking.	of your child's disabilities and/or addit	ional needs including details of any medication they are

Food Intolerances

Yes

No

Yes

No

Please provide full details of your child's dietary no	eeds and/or any food intolerances.
	Adult's information
Mum (or Parent/Guardian 1)	
Forename(s)	
Surname	
House Name/No.	Street Name
Town/City	
County	Post code
Telephone Number - preferably mobile (also acts as emergency contact number)	
Regular Leader's communications such as: meetin Therefore, we ask that all parents/guardians provi	ng location, meeting times, meeting requirements etc. happen via email. ide a personal email address below.
Email address	
Dad (or Parent/Guardian 2)	
Forename(s)	
Surname	
House Name/No.	Street Name
Town/City	
County	Post code
Mobile/Landline Number (also acts as emergency contact number)	
Regular Leader's communications such as: meetin Therefore, we ask that all parents/guardians provi	ng location, meeting times, meeting requirements etc. happen via email. ide a personal email address below.
Email address	

## **Data Protection**

4th Rushden Scout Group (the "Group") are committed to Data Protection. You have the right to erase/amend/modify your personal information at any time and can do so by emailing: <a href="mailto:chairman@4thrushdenscouts.org">chairman@4thrushdenscouts.org</a>, however, please note that data erasure might make it impossible for your child to continue Scouting.

By signing this form, I agree to the Group and third parties (such as Online Youth Manager Ltd.) the Group authorises from time to time, during and beyond my child's involvement with the Group:

- A) Retaining personal data to facilitate any present or future involvement with the Group.
- B) Retaining sensitive (special category) data regarding religion/faith, disabilities/additional needs, ethnicity, medical information and/or commission of offences or alleged offences.
- C) Allowing access to personal data appropriate to individuals within the hierarchy of Scouting

Mum (or Parent/Guardian 1)	Dad (or Parent/Guardian 2)
Digital Signature	Digital Signature
Print Full Name	Print Full Name
Date	Date