

**MEDICAL INFORMATION**

Doctor/Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery Tel No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION INFORMATION** (where are they helping)

Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leader Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explorer Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Awards working towards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration

Young Leaders

**CONTACT DETAILS**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female Other (please state)



**ETHNICITY & RELIGIOUS INFORMATION**

This information is requested by The Scout Association to help in monitoring its membership. The data will help the Association in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work both nationally and locally, and will identify and help Leaders meet any specific needs of individuals. (Please mark appropriate box)

Please state Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prefer not to say

Please state Religion or faith: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prefer not to say

**DIETARY NEEDS**

**ADDITIONAL NEEDS / DISABILITIES**

**MEDICAL CONDITIONS / MEDICATION**

**INFORMATION**

Please return the form to NFYoungLeaders@gmail.com

**PARENT/ GUARDIAN YOUNG PERSON (aged 14 years and over)**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Electronic signatures are acceptable.***

**Data Protection**

As a registered Data Controller, The Scout Association is committed to the Data Principles of the Data Protection Act 2018.

By signing this form, I agree to the Scout Association during and beyond my child’s involvement with the organisation:

* Retaining personal data to facilitate any present or potential future involvement with Scouting;
* Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences.
* Allowing access to personal data to appropriate individuals within the hierarchy of Scouting.

**Information for Parents/Guardians, Group Scout Leaders (Group Manager), Section Leaders & Young Leaders:**

**Note to Parent/Guardian completing this form:**

* This form will not be shared with any 3rd party, either within the Scout Association or elsewhere.
* Approval to be a Young Leader is by the Group Scout Leader of the group where your son/daughter will be helping. It is the responsibility of the section leader (where your son/daughter will be a Young Leader) to seek that approval before asking you to complete this form.

**What is the Young Leaders' Scheme?**

The YL scheme is a programme of training designed to enable YL’s to work effectively in the Section they have chosen. YL’s partake in a voluntary**\*** training scheme comprising a number of modules and missions. The aim of the scheme is to give the right support and opportunities to YL’s so they are valued as part of the Leadership team. They can help provide better Scouting for more young People.

**Who can take part in the scheme?**

Explorer Scouts aged between 14 to 18 years can become YL’s. They can help in the Beaver Scout, Cub Scout, and Scout Sections. YL’s are still Explorer Scouts and are encouraged to take part in the Balanced Programme provided by their District. They are also members of the District Young Leaders Unit. Members of the DofE scheme may also become Young Leaders to achieve the service element.

**Why do Explorer Scouts become Young Leaders?**

Explorer Scouts become YL’s to:

• gain the knowledge, skills and confidence required to become an effective Leader

• further their own personal development and work towards other Awards for example the Duke of Edinburgh

• acquire the skills that are needed for the Adult Training Scheme

• have fun!

**Who is responsible for young leaders?**

While a YL is working in a Section, the Section Leader is responsible for their safety and welfare. The Section Leader however must ensure that the YL becomes a real part of the Leadership team. If the YL takes part in any residential or adventurous activities their parent or guardian's permission must be obtained. Consideration should also be given to the sleeping arrangements, as the YL is not permitted to share accommodation with either the adult Leaders or the young people in the Section in which they work.

It is the responsibility of the Explorer Scout Leader (YL) to ensure that YL’s are properly trained and supported by Scouting. If you have any questions about the Young Leader scheme please contact Lynn via the email address below or by telephone: 07595991824

**\*** Module “A” **MUST** be completed by **ALL** YL’s within 3 months of signing up to the Young Leaders' Scheme and any young person working in the District as a YL, i.e. to complete elements of the Duke of Edinburgh awards, who must also be signed up to the Young Lea