Version 3 December 2014





This form is aimed to assist in the collecting of information regarding young people under 18 years of age, who are looking to join Scouting.

The form is designed so that the information is collected in the correct order to help with the inputting of information onto Compass, The Scout Association's online membership system.

New members of Scout Network who are also new to Scouting should complete the Adult Information Form.

Those young people aged 14 years and over should complete the Communications Preferences section and sign the form.

Parents/guardians must sign the form.

Personal data will be stored on the system to support the application process and current and potential future involvement in Scouting. Some information is considered sensitive personal data under the Data Protection Act 1998 and as such will be managed as required under the act. Further information can be found at scouts.org.uk/dataprotection. Parents/guardians will be able to edit their own and their child's data on Compass; and young people can edit their own details.

Communications

The Scout Association will not sell or promote products to those under 14 years of age. All communications to those under 14 will also be sent to parents/guardians.

Ethnicity and 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.

You can update the personal information on Compass, after registering, at any time.

Once the information has been added to Compass, this form will not be retained.

Please complete in block capitals. Red outlined boxes are compulsory fields on Compass.

Title	
Surname	
Previous Surname	
Forename(s)	
Date of Birth	Gender M F
Postcode	Member Number (if known)
Known as	
Nationality	

Ethnicity (please tick appropriate box)

White

English/Welsh/Scottish/Northern Irish/British

🗌 Irish

- Gypsy or Irish Traveller
- □ Any other White background

Mixed/multiple ethnic groups

White and Black Caribbean

□ White and Black African

□ White and Asian

Any other mixed/multiple ethnic background

Asian/Asian British

- 🗌 Indian
- 🗌 Pakistani

🗌 Bangladeshi Chinese

Any other Asian background

Black/African/Caribbean/Black British

African

- Caribbean
- Any other Black/African/Caribbean background

Other ethnic group	Other	ethnic	group
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🗌 Arab Other

Prefer not to say

Religion or Faith (please tick as appropriate)

 Buddhist Christian (all denom Hindu Jewish Muslim 	inations)
 Sikh Any Other Religion No Religion Prefer not to say 	

School/College/University

Young Person's Contact Details

Address	
Town	
Postcode	
Country	

Email Addresses (Please indicate in the small box which email is your primary contact – for those under 14, any emails will automatically be sent to the nominated adult)

□ Home	
□ Other	
□ Other	

Telephone Numbers (Please indicate in the small box which phone number is your primary contact)

🗌 Home	
Mobile Number	
Other	

Emergency Contact

Forename	
Surname	
Known as	
Relationship	

Primary Phone Number	
Second Phone Number	
Third Phone Number	

Medical Details

Doctor/Surgery	
Surgery Address	
Telephone	
NHS Number	
Post code	
Dietary Needs	
Medical Informati	ion

Additional needs/Disabilities (please tick those as necessary and provide details)

	Guidance
Developmental	Developmental – ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Other
Injury	Injury – Body, Brain
Physical	Physical – Spina Bifida, Down's Syndrome, Other
Medical	Medical – Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue, Other
Mental health	Mental Health – Bipolar, Depression, Eating Disorder, self-harm, Other
Progressive	Progressive – Muscular Dystrophy, Other
Sensory	Sensory – Hearing, Vision, Other

Contact 1 (Designated primary contact)

Parent/Guardian Information

Title				
Surname				
Date of Birth	Gender	M F	Postcode	
Forename				
Known as				
Relationship				

□ Please tick here if the address is the same as the young person. If different, complete address details below.

Address	
Town	
Country	

Occupation	Occupation Details
Employed	
Retired (whether receiving a pension or not)	
□ Student	
\Box Looking after home or family	
□ Long-term sick or disabled	
Other	

Gift Aid

Gift aid information for the HMRC is not collected using this information form. It should be recorded in a suitable format, such as the form that can be found in the Members Area of scouts.org.uk, in the fundraising section.

Telephone numbers	Email addresses	
Primary	Primary	
Second	Second	
Third	Third	
Social Media username (Facebook, Twitter, Google+)		
Contact 2 (if required)		

Parent/Guardian Information

Title	
Surname	
Date of Birth	Gender M F Postcode
Forename	
Known as	
Relationship	

□ Please tick here if the address is the same as the young person. If different, complete address details below.

Address	
Town	
Country	

Occupation

EmployedUnemployed

 \Box Retired (whether receiving a pension or not) Student $\hfill\square$ Looking after home or family Long-term sick or disabled □ Other

Occupation Details

Gift Aid

Gift aid information for the HMRC is not collected using this information form. It should be recorded in a suitable format, such as the form that can be found in the Members Area of scouts.org.uk, in the fundraising section.

Telephone numbers		Email addresses	
Primary		Primary	
Second		Second	
Third		Third	
Social Media username (Facebook, Twitter, Google+)			

Communications Preferences

The Association, at all levels, will use your details to contact you with information relevant to Scouting. Youth members 14 years of age and over should also confirm their communications preferences as we may contact them directly.

Additionally, from time to time we would like to contact you with details of news, products, offers and services from The Scout Association and local Scouting in your area (Group, District etc).

Let us know if you would prefer not to receive information about any of the following:

I do not wish to receive details:	Contact 1	Contact 2	Young people aged 14 years and over
about Scout Activity Centres and campsites			
of events and fundraising opportunities			
from Scout Shops Ltd			
of insurance for Scouting			

Contacting you with the above information will support Scouting activities. All profits go straight back into Scouting to support the development of our leaders and growing Scouting around the UK, including areas where young people do not currently have the opportunity to join.

Partners or Third Parties

We may also have information, offers and opportunities for Scout members and supporters from carefully selected third parties or organisations that the Association may partner with.

	Contact 1	Contact 2	Young people aged 14 years and over
I am happy to receive information about third party			
or partner organisation offers and opportunities.			

The Scout Association will not transfer or sell your personal details to any third party organisations without consent or as required by law. Please note: You can amend your communications preferences online by editing your profile on Compass at any time.

Data Protection

As a registered Data Controller, The Scout Association is committed to the Data Principles of the Data Protection Act 1998.

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

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

Contact 1	Contact 2	Young people aged 14 years and over
Signature	Signature	Signature
Print	Print	Print
Date	Date	Date

Should you require any support with the completion of this form, you can contact your leader, line manager or the Scout Information Centre on **020 8433 7100, 0845 300 1818**

or by email **info.centre@scouts.org.uk** Scottish Headquarters on **01383 419073** or Northern Ireland Headquarters on **028 9049 2829**

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Gift Aid Declaration

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Name of charity: 7th Braid Edinburgh (George Heriot's School) Scout Group. Registered Charity No: SC036159.				
Please	treat as Gift /	Aid donations:		
	All gifts of money that I make today and in the future as Gift Aid donations OR			
	The enclosed gift of £ OR			
	All gifts of money that I have made in the past four years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.			
\checkmark	Please tick the	e appropriate box		
Dono	r's details			
	Same as Designated primary contact OR			
Title:		Initial(s):	Surname:	
Home address:				
Postcode: Date:		Date:		
Signat	ture:			

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs), that I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Please notify The Scout Association if you:

- 1. Want to cancel this declaration.
- 2. Change your name or home address.
- 3. No longer pay sufficient tax on your income and/or capital gains.

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.