**Annual Membership & Parental Consent Form**

**1st Sept 2023 – 30th Sept 2024**

By providing the necessary details on this form you will be giving permission for the young person to attend activities organised by Seeds4Success and to the sharing of such information to partners and funders.

If you need any assistance completing this form, have any questions or require any additional information please contact Jaki Farrell (Charity Director) or Lee Cherry (Mentoring and Support Manager) at Seeds4Success.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The Young Person’s Personal Details** | | | | | | | | | | | |
| First Name: |  | | Last Name: | |  | | | | | | |
| Date of Birth: |  | | Tel no: | |  | | | | | | |
| Address: |  | | |  | | | | | | | |
| Postcode: | | | |  | | | |
| **Primary Emergency Contact Details** | | | | | | | | | | | |
| First Name: |  | | Last Name: | | | |  | | | | |
| Relationship to Young Person: | |  | | | | | | | | | |
| Address (if different to Young Person): |  | |  | | | | | | | | |
| Postcode: | | | |  | | | | |
| Home telephone No: |  | | Mobile telephone No: | | | |  | | | | |
| Email: |  | | | | | | | | | | |
| **Secondary Emergency Contact Details** | | | | | | | | | | | |
| First Name: |  | | Last Name: | | | |  | | | | |
| Relationship to Young Person: | |  | | | | | | | | | |
| Address (if different to Young Person): |  | |  | | | | | | | | |
| Postcode: | | | |  | | | | |
| Home telephone No: |  | | Mobile telephone No: | | | |  | | | | |
| Email: |  | | | | | | | | | | |
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| As a charity, we rely on grants from other organisations, as well as fundraising locally.  The following information can help us to gain funding for activities and projects. | | | | | | | | | | | |
| Is the young person eligible for free school meals? | | | | | | Yes | | | ¡ | No | ¡ |
| Does the young person have an Education, Health and Care Plan (EHCP)? | | | | | | Yes | | | ¡ | No | ¡ |
| Is the young person a looked after child? \*  \* A child who has been in the care of the local authority for more than 24 hours, including living with foster parents or in a residential children’s home. | | | | | | Yes | | | ¡ | No | ¡ |

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| **Activities** | | | | | | | | | | | | | | | | | |
| Our Youth Work Programmes may include the activities listed below. All activities are delivered by experienced and appropriately qualified staff with the necessary clearances to work with young people. Mentoring sessions will involve visits with a mentor to various public sites and venues, which may include cafes, museums, parks and other public areas.  **Please place a CROSS in the box next to any activities you wish your son/daughter/ward NOT to take part in.** | | | | | | | | | | | | | | | | | |
| Abseiling | | o | Archery | | | | o | | | Arts and crafts activities | | | | | | | o |
| Bowling | | o | Canoeing/kayaking | | | | o | | | Caving | | | | | | | o |
| Cinema trips | | o | Conservation and construction | | | | o | | | Dance / Drama | | | | | | | o |
| Fitness activities & gym use | | o | Fundraising activities | | | | o | | | Go karting | | | | | | | o |
| Healthy eating & cookery | | o | High Ropes | | | | o | | | Ice/Roller Skating | | | | | | | o |
| Mechanics | | o | Mountain biking /  Cycling skills | | | | o | | | Music | | | | | | | o |
| Orienteering | | o | Outdoor Survival Skills | | | | o | | | Quad Biking | | | | | | | o |
| Raft building | | o | Rifle Shooting | | | | o | | | Rock Climbing | | | | | | | o |
| Sailing / Wind surfing | | o | Sports | | | | o | | | Surfing | | | | | | | o |
| Swimming | | o | Team Building Activities | | | | o | | | Theme Park Trips | | | | | | | o |
| Training Courses | | o | Visits to towns and cities | | | | o | | | Volunteering Activities | | | | | | | o |
| Website development & social media | | o | Woodwork | | | | o | | |  | | | | | | |  |
| Can the Young Person swim 50m unaided? (Please tick) | | | | Yes | | | | ¡ | | | | | No | | ¡ | | |
|  | | | |  | | | |  | | | | |  | |  | | |
| **Young Person’s Medical Information** | | | | | | | | | | | | | | | | | |
| GP’s Name: |  | | | | Telephone No: | | | | | |  | | | | | | |
| Address: |  | | | | |  | | | | | | | | | | | |
| Postcode: | | | | |  | | | | | | |
| Does the young person have an up-to-date tetanus vaccination? | | | | | | | | | Yes | | | ¡ | | No | | ¡ | |
| Do you consent to your son/daughter/ward being given paracetamol for minor ailments such as headaches if needed? | | | | | | | | | Yes | | | ¡ | | No | | ¡ | |

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| **Young Person’s Medical Information (continued)** | | | | | | | | | | | | | |
| Does the young person have any of the following allergies or medical conditions? (Please tick): | | | | | | | | | | | | | |
| Asthma | | ¡ | Allergies | | | | | | | | | ¡ | |
| Epilepsy | | ¡ | Serious illness (e.g. heart conditions) | | | | | | | | | ¡ | |
| Diabetes | | ¡ | Injuries (e.g. fractures) | | | | | | | | | ¡ | |
| Acute allergies (e.g. nuts, stings, medications) | | ¡ | Other | | | | | | | | | ¡ | |
| Please provide details of any allergies or medical conditions below: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Is the Young Person currently taking any form of medication? (Please tick): | | | | | | Yes | | ¡ | | No | | ¡ | |
| If yes please give the name, dose and frequency of the medication below: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Additional Information** | | | | | | | | | | | | | |
| What are the Young Person’s interests or hobbies? Please give details below: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please give details of any special dietary needs (e.g. vegetarian, vegan, wheat free) below: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Is there anything else we should be aware of (e.g. ADHD, behavioural issues, special needs)?  If so, please give details below: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Are there any additional aspects of your young person’s health/diet that require treatment or special attention, which are not sufficient to prevent them attending sessions? If so, please state these below, including particular activities in which they should not participate for health reasons (**If the box is left blank, we will assume you are happy for your son/daughter/ward to take part in all activities)**: | | | | | | | | | | | | | |
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| **The Young Person’s Identity** | | | | | | | | | | | | | | |
| **The young person should be encouraged to complete this section of the form,**  **with help from an adult if necessary.** | | | | | | | | | | | | | | |
| **S**eeds4Success is an equal opportunity organisation and is committed to increasing equality and diversity within its membership. Seeds4Success will not discriminate on grounds of gender, sexual orientation, age, religion or belief, marital status, ethnic origin, colour, nationality, disability or other grounds of discrimination not prohibited by legislation.  To enable this policy to be monitored and developed further, users of our services are invited to complete the questions set out on this form. This information is confidential and will not be held for any purpose other than monitoring.  The information provided will be processed in accordance with the provisions of the General Data Protection Regulation and the Data Protection Act 2018. | | | | | | | | | | | | | | |
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| How do you identify? | Female | | | 🞏 | Intersex | | | | | | | | 🞏 | |
| Male | | | 🞏 | Non-binary | | | | | | | | 🞏 | |
| Transgender | | | 🞏 | Prefer not to say | | | | | | | | 🞏 | |
|  | | | | | | | | | | | | | | |
| Do you identify as having a learning difficulty or disability? | | | | | Yes | | 🞏 | | No | | 🞏 | | | |
| If you answered ‘yes’, please give details below: | | | | | | | | | | | | | | |
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| What is your sexual orientation? | Bisexual | | | 🞏 | Gay | | | | | | | | 🞏 | |
| Heterosexual | | | 🞏 | Lesbian | | | | | | | | 🞏 | |
| Prefer not to say | | | 🞏 |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | |
| What is your religion, faith or belief? | Agnostic | | | 🞏 | Atheist | | | | | | | | 🞏 | |
| Catholic | | | 🞏 | C of E | | | | | | | | 🞏 | |
| Humanist | | | 🞏 | Jewish | | | | | | | | 🞏 | |
| Muslim | | | 🞏 | Protestant | | | | | | | | 🞏 | |
| Other | | | 🞏 | Prefer not to say | | | | | | | | 🞏 | |
| If you chose ‘other’ please state: |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| What is your ethnic group and nationality?  *(Please tick* ***all*** *the boxes that apply from* ***one*** *section: A, B, C, D, E or F)* | | | | | | | | | | | | | | |
| **A. Asian:** | Bangladeshi | | | 🞏 | Chinese | | | | | | | | 🞏 | |
| Indian | | | 🞏 | Pakistani | | | | | | | | 🞏 | |
| British | | | 🞏 | English | | | | | | | | 🞏 | |
| Irish | | | 🞏 | Northern Irish | | | | | | | | 🞏 | |
| Scottish | | | 🞏 | Welsh | | | | | | | | 🞏 | |
| Other Asian background | | | | | | | | | | | | 🞏 | |
| If you chose ‘other’ please state: |  | | | | | | | | | | | | | |
| **B. Black:** | African | | | 🞏 | Caribbean | | | | | | | | 🞏 | |
| British | | | 🞏 | English | | | | | | | | 🞏 | |
| Irish | | | 🞏 | Northern Irish | | | | | | | | 🞏 | |
| Scottish | | | 🞏 | Welsh | | | | | | | | 🞏 | |
| Other Black/African/Caribbean background | | | | | | | | | | | | 🞏 | |
| If you chose ‘other’ please state: |  | | | | | | | | | | | | | |
| **C. Mixed:** | Asian and White | | | 🞏 | Black African and White | | | | | | | | 🞏 | |
| Black Caribbean and White | | | 🞏 | British | | | | | | | | 🞏 | |
| English | | | 🞏 | Irish | | | | | | | | 🞏 | |
| Northern Irish | | | 🞏 | Scottish | | | | | | | | 🞏 | |
| Welsh | | | 🞏 | Other mixed background | | | | | | | | 🞏 | |
| If you chose ‘other’ please state: |  | | | | | | | | | | | | | |
| **D. White:** | British | | | 🞏 | English | | | | | | | | 🞏 | |
| Irish | | | 🞏 | Irish Traveller or Gypsy | | | | | | | | 🞏 | |
| Northern Irish | | | 🞏 | Scottish | | | | | | | | 🞏 | |
| Welsh | | | 🞏 | Other White background | | | | | | | | 🞏 | |
| If you chose ‘other’ please state: |  | | | | | | | | | | | | | |
| **E. Another ethnic group**: | Arab | | | 🞏 | British | | | | | | | | 🞏 | |
| English | | | 🞏 | Northern Irish | | | | | | | | 🞏 | |
| Scottish | | | 🞏 | Welsh | | | | | | | | 🞏 | |
| Other background | | | 🞏 |  | | | | | | | |  | |
| If you chose ‘other’ please state: |  | | | | | | | | | | | |  | |
| **F. Prefer not to say:** | Prefer not to say | | | 🞏 |  | | | | | | | |  | |
| **Consent** | | | | | | | | | | | | | |
| Please be aware that under the GDPR May 2018, you are required to ‘opt in’ by ticking ***yes*** or ***no*** for **all** the questions on this page. If all questions on this page are not completed, it will be assumed that consent is not provided | | | | | | | | | | | | | |
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| **This section must be completed by the parent or guardian:** | | | | | | | | | | | | | |
| May we use your young person’s photograph in printed publications for Seeds4Success or in articles or in printed publications that promote the work of Seeds4Success? | | | | | | Yes | | ¡ | | No | | ¡ | |
| May we use your young person’s image on the Seeds4Success web sites and on our official social media pages? | | | | | | Yes | | ¡ | | No | | ¡ | |
| Do you give permission for your young person to be named (i.e. not anonymous) in publicity or promotional material? | | | | | | Yes | | ¡ | | No | | ¡ | |
| May we make direct contact with your young person via text message from Seeds4Success staff and/or mentor in relation to youth work activities and/or mentoring? | | | | | | Yes | | ¡ | | No | | ¡ | |
| Do you give permission for your young person to follow or like the official Seeds4Success social media sites and for Seeds4Success staff and/or mentor to use messaging applications such as WhatsApp or Xooloo to make direct contact with them in relation to youth work activities and/or mentoring? | | | | | | Yes | | ¡ | | No | | ¡ | |
| **This section must be completed by the young person:** | | | | | | | | | | | | | |
| May we use your photograph in printed publications for Seeds4Success or in articles or in printed publications that promote the work of Seeds4Success? | | | | | | Yes | | ¡ | | No | | ¡ | |
| May we use your image on the Seeds4Success web sites and on our official social media pages? | | | | | | Yes | | ¡ | | No | | ¡ | |
| Do you give permission for your name to be used in publicity or promotional material? | | | | | | Yes | | ¡ | | No | | ¡ | |
| May we make direct contact with you via text message by Seeds4Success staff and/or mentor in relation to youth work activities and/or mentoring? | | | | | | Yes | | ¡ | | No | | ¡ | |
| Do you give permission for the official Seeds4Success social media sites to like and follow you and for Seeds4Success staff and your mentor to use messaging applications such as WhatsApp or Xooloo to make direct contact with you in relation to youth work activities and/or mentoring? | | | | | | Yes | | ¡ | | No | | ¡ | |

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| **Unsupervised Offsite Permission** | | | | |
| During Seeds4Success Project sessions Young People are supervised by Seeds4Success staff and volunteers.  For Young People who make their own way to **Open Access Projects**, we will assume they have permission to leave those sessions unsupervised unless you inform us otherwise.  For Young People who use Seeds4Success transport to attend **Open Access Projects**, we will assume they **DO NOT** have permission to leave those sessions unsupervised unless you inform us otherwise.  During sessions for **Mere Youth Club (Friday evenings)** and **Wilton Youth Club (Tuesday evenings)** unsupervised time walking to and from the local shops in Mere town centre and Wilton town centre in small groups, may be permitted at the discretion of the Session Leader.  During sessions for **Leisure Credits** and **SKILD**, unsupervised time offsite may be possible (such as walking into Mere town centre during lunch) at the discretion of the Session Leader.  If you give permission for your child to have unsupervised time offsite, when appropriate, then tick and sign the declaration below. | | | | |
| I have read and agree with the statement above. Please inform us in writing if you do not agree with the Open Access and Wilton and Mere Youth Club statements for your child. | | | | |
| Tick this box if you **DO NOT** give permission for your child to have unsupervised time offsite during Leisure Credits and SKILD sessions:  o | | | | |
| Signature of Parent/Guardian/Carer: | |  | | |
| Print name: |  | | Date: |  |

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| **Acceptable Internet Use and E-safety** | | | | |
| At Seeds4Success we understand the importance and benefits of emerging technologies for young person’s learning and personal development. More than any other mode of technology, the Internet and digital technologies allow all those involved in working with young people to promote creativity, stimulate awareness and enhance learning and communication skills. However, we also recognise that safeguards need to be in place to ensure children are kept safe at all times.    These guidelines aim to protect young people who access the Internet and digital technologies whilst accessing activities and services provided by Seeds4Success whether using our own facilities or personal mobile devices.  In order to access the Internet and digital technologies whilst accessing activities and services provided by Seeds4Success whether using our own facilities or personal mobile devices, the young person must read, understand and agree to follow the guidelines below. | | | | |
| * I understand that while I am a member of Seeds4Success I must use technology in a responsible way. | | | | |
| * **For my own personal safety:** | | | | |
| * I understand that my use of technology will be supervised and monitored.   • I will keep my personal passwords safe and will not use anyone else’s (even with their permission).  • I will log out of and shut down any pages or sites once I have finished using them.  • I will keep my own personal information safe as well as that of others.  • I will tell a trusted adult if anything makes me feel uncomfortable or upset when I see it online.   * **For the safety of others:** | | | | |
| * I will not interfere with the way that others use their technology.   • I will be polite and responsible when I communicate with others.  • I will not take or share images of anyone without their permission.   * **For the safety of the group:** | | | | |
| * I will not try to access anything illegal. * I will not download anything that I do not have the right to use. * I will only use my personal device if I have permission and use it within the agreed rules. * I will not deliberately bypass any systems designed to keep the group safer. * I will tell a responsible person if I find any damage or faults with technology, however this may have happened. * I will not attempt to install programmes of any type on the devices belonging to Seeds4Success, without permission. * I will only use social networking, gaming and chat sites which are age appropriate and that I have been given permission by my parent / carer and Seeds4Success staff to use. | | | | |
|  | | | | |
| I understand that I am responsible for my actions and the consequences.  I have read and understood the above and agree to follow the guidelines: | | | | |
|  | | | | |
| Signature of Young Person: | |  | | |
| Print name: |  | | Date: |  |

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| **Declaration** | | | | |
| * I have read the information about the projects and/or mentoring programme and understand that if I have any queries, I can discuss them with the staff from Seeds4Success | | | | |
| * I consent to Seeds4Success holding, using and lawfully sharing the personal data contained on this form for the purposes of health and safety, safeguarding, monitoring and evaluation or reporting to funders. | | | | |
| * I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged. | | | | |
| * I understand the extent and limitations of the insurance cover provided and that while Seeds4Success staff are in charge they will take all reasonable care of the young people and unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by any child arising during events. | | | | |
| * I consider my son/daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the date of any activity | | | | |
| * I understand that while my son/daughter/ward is participating in a project they will be subject to the project’s general code of behaviour and will be required to obey the instructions and advice of project workers and accompanying adults, otherwise they may be sent home if necessary. | | | | |
| * In the event of an accident or illness I understand that every effort will be made to contact me but, if this is not possible, I authorise the project leader to consent to any medical treatment including inoculations, surgery or blood transfusions from a qualified medical practitioner which, in the opinion of the qualified medical practitioner, may be necessary for my child in the course of the programme, project or offsite activity. \* | | | | |
| * I understand that mentoring sessions are one-to-one with the Young Person and mentor only and take place in a public area and agree to complete paperwork requested by Seeds4Success to monitor the progress of the young person and evaluate the impact of the mentoring programme. | | | | |
| \* Note The medical profession takes the view that parents’ consent to medical treatment cannot be delegated. This view is explicit in the Child Act 1989. Thus, medical consent forms have no legal status and a doctor/nurse insisting on a particular treatment has the right to do. However, it can be a comfort to medical staff to have general consent in advance from parents. | | | | |
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| By completing and signing this form, you are agreeing to the named Young Person participating in sessions and activities delivered by or on behalf of Seeds4Success from 1st September 2022 – 30th September 2023. The personal information you provide is for the purpose of health, safety, monitoring and evaluation and it will not be processed, or disclosed, in any way incompatible with that purpose. In accordance with the General Data Protection Regulations 2018, the information may only be disclosed to the Data Subject (yourself unless 18 or over) or with your consent. We will only share this information with others for the purpose of youth work delivery, as necessary. Please also note this information will, however, be passed on without permission, if there is a legal requirement to do so, or, if there is a risk of harm or threat to life. | | | | |
| Signature of Parent/Guardian/Carer: | |  | | |
| Print name: |  | | Date: |  |
| **Declaration: PARTICIPANT (All)** | | | | |
| I, as a participant in the stated activity, agree to abide by the rules and act upon the instructions of staff.  I have read and understand the statements in the Mentoring Agreement. | | | | |
| Signature of Participant: | |  | | |
| Print name: |  | | Date: |  |

**Thank you for completing this form.**