



**TEAM
BREAKOUT!**

ENROLMENT FORM

1 Your personal details (Please write in BLOCK CAPITALS)

First name Surname

Date of birth Age Male Female

Address

Home phone Mobile

Your Email

Kingston and Richmond Youth Service would like to send you information about projects and activities on offer via email. Please tick here if you DO NOT wish to receive this information.

Parent name Parent phone

Parent email (optional)

1st Emergency contact name* 1st Emergency contact phone*

2nd Emergency contact name* 2nd Emergency contact phone*

*Two emergency contacts must be supplied available to answer phone during daytime and collect applicant from course if required,

2 cultural origins

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asian - Indian | <input type="checkbox"/> Asian - Pakistani | <input type="checkbox"/> Asian - UK | <input type="checkbox"/> Asian - Other |
| <input type="checkbox"/> Black - African | <input type="checkbox"/> Black - UK | <input type="checkbox"/> Black - Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed Race | <input type="checkbox"/> White - European | <input type="checkbox"/> White - UK | <input type="checkbox"/> White - Other |

Other - please give details:

3 Photographic consent and data protection

Please tick here if you DO NOT wish you/your child's photograph to be taken or used for marketing or evaluation purposes. (We need your permission if you are over 16, or your parent's permission if under 16, to take and use these images.) Information about how we look after personal information can be found at the end of this form.

4 Additional support

Skip to part 5 if not applicable.

Do you consider yourself to have a disability? Yes No

If yes, please tell us of any additional support, equipment, or access you might need in order to participate in our courses.

5 Consent

Activity information

I agree to myself/my child attending:

- | | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|
| Water sports | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Climbing | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Archery | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Off road cycling | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Travel by minibus | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Duke of Edinburgh's Award | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |

(The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement)

Achieving for Children recognises that the environment and activities have the potential to cause injury or death. Participants/guardians in these activities should be aware of and accept these risks and be responsible for their own or their child's actions and involvement under the guidance of qualified staff. Please tick that participant or guardian agrees to this statement.

I have ensured that I/they understand the importance of safety and the safety of the group of complying with the rules and instructions given by the staff in charge.

I accept that I may be required to bear the cost of any loss or damage that I/they cause which is not covered by the organisation's insurance.

I agree that during the activities photographs may be taken of which myself/my child may be included and I agree for these photographs to be used in publicity used for the organisation.

I can confirm that I/my child is able to swim (or water confident) yes no distance in metres

6 Medical information

This information is extremely important; please give as much detail as possible using a separate sheet if necessary.

1. Do you/your child suffer from any conditions requiring medical treatment, including medication? yes no
If yes, please give brief details:
2. Are you/your child currently taking medication or required to take medication on a regular basis? yes no
If yes please give brief details:
3. If the answer to the above question is yes, please state the name of the prescribed medication and how regularly it needs to be taken:
4. Do you /your child self-administer any such medication? yes no
If yes, please give brief details:
5. Have you/your child suffered from anything in the last four weeks, which may be or become contagious or infectious? yes no If yes please give brief details:
6. Please give any additional information, which you would like us to have about yourself/your child.
7. Do you/your child have any special dietary requirements/food allergies? yes no
If yes please give brief details:
8. Please give details of yourself/your child family practitioner.

Declaration

1. I authorise a member of the organisation's staff who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
2. In the event of illness or an accident requiring emergency medical treatment, I agree to myself/my child receiving treatment including anaesthetic as considered necessary by the medical authorities.
3. I agree to this treatment being authorised by a member of the organisation's staff, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required obtaining my signature might be considered by a doctor likely to endanger my/my child's health or safety.
4. I do not agree to myself/my child receiving the following medical treatment:
5. I understand that approved staff and voluntary workers will take all reasonable care of you/your child, but cannot be held responsible for any loss, damage or personal injury suffered by them.

Adult's name (PLEASE PRINT)

Adult's signature

Your signature

Date

THANK YOU!

Places are limited so to book your week now via
<https://uk.bookingbug.com/home/45738-Achieving-for-Children>

Please return this form along with any payment to:
Youth Service, Civic Centre, 44 York Street, Twickenham TW1 3BZ.

Cheques should be made payable to **Achieving for Children (AfC)**.



How did you hear about the programme

Online School Youth Service Social worker Word of mouth

Other

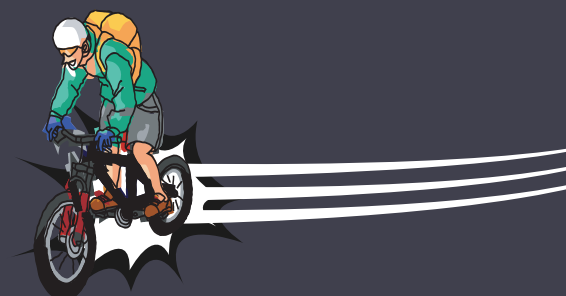
Office use only:

On register

Receipt number

Confirmation sent

Add to distribution list



We need to handle personal information about you so that we can provide services for you. This is how we look after that information.

When we ask you for information, we promise:

- to make sure you know why we need it;
- to only ask for what we need, and not to collect too much or irrelevant information;
- to protect it and make sure nobody has access to it who shouldn't;
- to let you know if we share it with other organisations to give you better public services- and you can say no;
- to make sure we don't keep it longer than necessary; and
- not to make your personal information available for commercial use without your permission.

In return, we ask you to:

- give us accurate information; and
- tell us as soon as possible if there are any changes, such as a new address.

This helps us keep your information reliable and up-to-date. We also collect equality monitoring data to make sure that our services are open to all service users.

You can get more details on:

- how to find out what information we hold about you and how to ask us to correct any mistakes;
- agreements we have with other organisations for sharing information;
- circumstances where we can pass on your personal information without telling you, for example to prevent and detect crime or to produce anonymous statistics;
- our instructions to staff on how to collect, use and delete your personal information;
- how we check the information we hold is accurate and up to date; and
- hHow to make a complaint.



For more information about **Team Breakout**, please contact:

Gary Weston

T: 020 8547 6785 M: 07717 541 616

E: gary.weston@achievingforchildren.org.uk

When we ask you for information, we will keep to the law, including the Data Protection Act 1998.

For independent advice about data protection, privacy and data-sharing issues, you can contact the Information Commissioner at: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Phone: **01625 545745**

Fax: **01625 542510**

Email: **mail@dataprotection.gov.uk**

