| Youth Service Membership Application |
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| Applicant Information |
| Young person’s Name: |
| Date of birth: | Age: | Phone: |
| Current address: |
| Postcode: | Email: |
| Parent/gUArdian information |
| Name: |
| Current address: | Postcode: |
| Postcode: | Email: |
| Phone: | Mobile: | Emergency if different: |
| Young person’s information |
| Details of impairment: |
| Doctors name:Phone: | Doctors address: |
| Do you take medication? Yes No**Please give details of medication**Type of medication:Dosage:Times due:Any other details: | (We do not administer any medication unless a signed medication form is provided (please request from staff). If medication details change, you must inform us in writing. We are not permitted to administer any emergency medication. Qualified first aiders are available.) |
| Is there any additional information you wish to provide for us to support your child further? |
| Please give details of any food allergies/food restrictions (we do provide a tuck shop): |
| Does your child require a one to one support worker? Yes No If yes, please state why? |
| Does your child need support with moving or transferring?Yes No | Does your child need support at meal times?Yes No | Does your child need support with personal care (e.g. toilet)?Yes No |
| Do you have a social worker? Yes No |
| Social workers name: | Social workers number: |
| Please tick the boxes below to show where you give permission |
| To go out on outings accompanied by a member of staffYes No  | To use public transport with a member of staffYes No | To leave the premises on their own (if you give permission then we will not be responsible for the young person whilst off site)Yes No |
| School/college information |
| Name of school/college? | Do you have a EHCP or SEN Statement? |
| Consent, Publcitiy and data protection  |
| **Data Protection** Action on Disability (AoD) takes your privacy very seriously. When you share information with us, we will always tell you how we will use it. We always act on your instructions to put you in control of the information you share and your relationship with us. For a full version of our privacy statement and policy go to <https://actionondisability.org.uk/update-privacy-notice/>The information detailed in this membership form is used to minimize risk and to provide appropriate support. Action on Disability youth service will review consent and information held at AoD annually. If at any time you would like to access your information or would like to remove the information we hold, then please contact us. Some of our projects are contracted by LBHF youth services and are delivered with partner agencies. Other projects rely on specific income from charities, trust funds and central government. In order to meet funding requirements we often have to share your personal and sensitive information. For specific information about what we share and with whom please discuss with the youth service team. **Please tick this box if you consent to the above** From time to time we and our partner agencies may use photography of young people for publicity.**If you do consent please tick** I confirm that the all information provided is accurate (please sign below)Signature of parent/guardian: Date:logo-LBHF[1]A8987BB9-7A28-4276-A120-46F4153618A7[1]DEBK_Primary_Logo_FV_Green_Solid_1000pxImage result for young hammersmith and fulham foundation logoLyricHammersmith[1]Image result for duke of edinburgh logoDaisy-Trust-Logo-w-strap-line_web[1]**C:\Users\TamaraS\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\SKCCA41X\Member 2018-19.png (002).png**Image result for jack petchey logo |

AoD one page profile date \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name**  | **Date of Birth:**  |

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| **A little bit about me**  |  |

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| **How I like to communicate**  |

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| **It would really help me if you could**  |

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| **Things I would like to do at Action on Disability** |

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| **Future - What I would like to do when I am 16 or 20**  |

**THIS SECTION IS FOR OFFICE USE ONLY**

Form received at Youth Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on joining date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing list Holiday Programme (11-25) AoD Junior club (11-16)

AoD Youth Club (16-25)

Youth Service follow up staff name:………………………………………………….

Phone Parents/Guardian date …………………………………………………………

Date of Profile meeting …………………………………………………………………..

First date of attendance to Project ..………………………………………………….