

LDN LIVING YOUTH ISLINGTON

When are you interested in attending Youth activities?

After school School Holidays Evening Weekend

How did you hear about us?

REGISTRATION FORM

Date filled in: / / **Who By:** _____

Young Person's Name			
Date of Birth	/ /	Age:	Male / Female
Home Address			
Parent / Guardian Name			
Language Spoken			
Contact Details	Daytime:		
	Mobile:		
	E mail:		

School / college details	Name: Address: Telephone number:
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What are your likes and interests? <small>(What do you like doing that you find fun and interesting)</small>		New Activities <small>Are there any new activities you would like to do?</small>	
Health / Medical Needs <small>Support with Medication?</small>			
Do you have a Disability or Special Educational Needs			

Signed: **Date:**

Name (please print):

Relationship to Young Person:

Young Person and Parental

AGREEMENT AND CONSENT INFORMATION

Young Person

I have given my consent to being Registered with LDN LIVING YOUTH ISLINGTON and to join in Islington Youth activities as planned and requested by myself

Signed: _____ (print name): _____ Date: _____

Parent:

I have given my consent to my child being Registered with LDN LIVING YOUTH ISLINGTON and for them to be support to join in Islington Youth activities as agreed with my son / daughter and myself

Signed: _____ (print name): _____ Date: _____

ANTI-BIAS MONITORING

There are occasions when we are asked to state the ethnicity of children and young people attending our services, for monitoring purposes. The intention is to improve the way services are delivered and to counter discrimination and bias, and we would be grateful if you would state your ethnic origin

Ethnicity List

	Ethnicity	Code used	Please Tick which you feel applies to you
White or White British	White British	A1	
	White Irish	A2	
	Any other White Background	A3	
	Traveller of Irish Heritage	A4	
	Gypsy	A5	
Mixed or Mixed British	White and Black Caribbean	B1	
	White and Black African	B2	
	White and Asian	B3	
	Any other mixed background	B4	
Asian or Asian British	Indian	C1	
	Pakistani	C2	
	Bangladeshi	C3	
	Any other Asian Background	C4	
Categories			
Black or Black British	Caribbean	D1	
	African	D2	
	Any other Black background	D3	
Other	Chinese	E1	
	'Arab' includes those classifying themselves as Arab / North African / Middle Eastern (this category is local to Westminster)	E2	
	Other (including refused	E3	

DATA PROTECTION ACT (1998)

In accordance with the Data Protection Act (1998), you have the right to see all the personal information we hold that relates to you or your child.

We only hold information which helps us meet your or your child needs. Most of this information is provided by you, though some may be provided by external professionals working with you or your child.

The information we hold may be shared between the Westminster Society's relevant Service Managers if appropriate to ensure a smooth and supported running of the service. It will not be shared with other services without your prior permission, and it will not be used for marketing or any other commercial purposes.

In the event of a medical emergency it could be shared with relevant medical professionals (e.g. doctors or nurses).

The information we hold is stored safely and securely, and is treated confidentially. Westminster Society staff only access information which they need to know, and are bound by the Society's Confidentiality Policy.

The information we hold is regularly updated, and when any information becomes inaccurate, or is no longer needed, it is deleted.