Dear Parent / Carer,

Thank you for your enquiry. To put your child on the Waiting List for any section within the 1st Ascot (All Saints) Scout Group please provide the following information. We are unable to add your child to the Waiting List until we have received this completed form. We will then send you an email as confirmation/receipt to show that the name has been added to the list.

*We require this information (a) to maintain contact with you, (b) to determine which section your child may be eligible, (c) to understand your child’s welfare requirements, (d) to deliver Scouting and (e) to comply with requirements of The Scout Association. Further details on why and how we use your information is available at* [*www.1stascotscouts.org.uk*](http://www.1stascotscouts.org.uk)

When a place becomes available we will contact you to let you know. On your child’s 1st meeting at the group, we would ask that you stay for the duration; one of our leaders or committee members will be available to give a general introduction to the group and to answer any questions you may have. We look forward to meeting you.

Please email the completed forms to: [ascotscouts.waitinglist@gmail.com](mailto:ascotscouts.waitinglist@gmail.com)

*If you have any questions about the form(s) or process, do please let us know and we will do our best to assist.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Full Name** |  | | |
| **Address** |  | | **Postcode** |
|  |
| **School** |  | **Date of Birth (dd/mm/yy)** |  |
| **Parent / Carer Name(s)** |  | | |
| **Parent / Carer**  **Email address** |  | | |
| **Parent / Carer**  **Home Telephone Number** |  | **Parent / Carer**  **Mobile number** |  |

*These are the numbers that we would use to contact you in an emergency. Please do remember to inform us if your numbers change.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the child have any additional needs or any medical conditions? (all details given held in strictest confidence)** | | | |
| **We are always keen to create varied and interesting programmes for the children within all the sections, but to do this we need help from all our Parents/Carers.** | | | |
| **Can you be a Parent Helper at some/all of the meetings, for a particular section?** | |  | |
| **Are you a sports person? If so what sport and would you be able to provide some activity in this respect?** | |  | |
| **What hobbies, pets or interests do you have? Would you be able to provide a suitable information evening?** | |  | |
| **Would you be interested in becoming a Leader/Assistant Leader within one of the sections?** | |  | |
| **Would you be interested in joining the committee?** | |  | |
| **Or can you provide any other time and support – eg. fund raising, helping organise events, etc?** | |  | |
| **Signature of Parent / Carer** |  | **Date** |  |

**1st Ascot (All Saints) Scout Group.**

Registered Charity No: 803510

**Parent / Guardian Consent Form**

Please complete this form, including your signature, then email a scan or photograph to: [ascotscouts.waitinglist@gmail.com](mailto:ascotscouts.waitinglist@gmail.com)

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection**

Personal Data

I accept that the Scout Group will keep information about my child for membership of the Scout Association and for Scouting purposes. I have read and agree to why and how 1st Ascot (All Saints) Scout Group use information about myself and my child which is available at [www.1stascotscouts.org.uk](http://www.1stascotscouts.org.uk)

**Yes / No**

Sensitive Personal Data

I give explicit consent to the holding of information of my child’s health information; ethnic origin; religious beliefs for Scouting purposes. I have read and agree to why and how 1st Ascot (All Saints) Scout Group use information about myself and my child which is available at [www.1stascotscouts.org.uk](http://www.1stascotscouts.org.uk)

***Health Information:*** *This information is important to ensure the welfare of your child when attending any meetings or events, or any associated travel, that are the responsibility of 1st Ascot (All Saints) Scout Group.*

***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.*

**Yes / No**

**Photographs**

We are aware that photographs may be taken at Scouting activities and that these may appear in public places (Newspapers / around the Headquarters) and this is acceptable where no individual is specifically identified.

**Yes / No**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st Ascot (All Saints) Scout Group.**

Registered Charity No: 803510

**First Aid Consent Form**

Please complete this form, including your signature, then email a scan or photograph to: [ascotscouts.waitinglist@gmail.com](mailto:ascotscouts.waitinglist@gmail.com)

Whilst every attempt is made to prevent accidents with our Beavers, Cubs, Scouts and Explorers it is always possible that accidents could occur. We maintain a well-stocked First Aid Kit for all events; however we are not allowed to administer any form of cream or similar substance to an injury. **Only water would be used if required**. We also have to be aware of allergies. Therefore, we would ask you to please complete and sign below to specify if a leader can apply adhesive plasters to your child if the occasion arises and this is considered necessary.

Beaver/Cub/Scout/Explorer (please delete) name ……………………………………..

Please tick as appropriate:

[ ] My child IS NOT allergic to adhesive plasters and I give my permission for a leader to apply one to a minor injury if required.

[ ] My child IS allergic to adhesive plasters and should not have one applied.

A suitable substitute for an adhesive plaster that can be used is ………………………………

Signed………………………………….. …………………………………….

Name………………………………………………………………………….

Date………….........................................................................................

Please Note: On occasion that you may require a leader to administer any form of medicine on your behalf written consent would be required by the Leader concerned.

|  |
| --- |
| *Please add below any comments or other important information you consider that we should be aware of concerning your child’s requirements. Their welfare is paramount during their time with us in Beavers, Cubs, Scouts or Explorers.* |