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| **Project information ( *for staff Completion prior to issue to the participant*) \*** |
| Project Name | Compass Bridge Activities |
| IYSS Team (e.g. Youth Work, Play, Outreach) etc. | Short breaks |
| Venue | Compass Bridge LtdBridgefield MillEllandHX50SG |
| **Participant’s Details \*** |
| First name : |  |
| Last name : |  |
| Date Joined: |  |
| Date of Birth: |  |
| Age: |  |
| Gender : | Male  Female  |
| Ethnicity : (Optional)Please circle | A1 Indian / A2 Pakistani / A3 Bangladeshi / A4 Asian (other) B1 Black African/ B2 Black Caribbean/ B3 Black Other/ C1 Chinese /M1 Mixed Race-Asian/ M2 Mixed race-Black/ M3 Mixed Race-European/ O1 Other/ V1 Vietnamese/ W1 White UK/Irish / W2 White European/ Rather not say |
| **Address \*** |
| Address1 : |  |
| Address2 : |  |
| County : |  |
| Postcode : |  |
| Home telephone : |  |
| Mobile telephone : |  |
| E mail Address : |  |
| **Emergency Contact \*** |
| Name : |  |
| Telephone Number : |  |
| Relationship : |  |
| **Additional Info** |
| Employment/ School/College : |  |
| Name of School / College : |  |
| Any relevant Disabilities / Medical Conditions /Medicine taken (e.g. allergies, asthma, eczema): |  |
| Disability Details: |  |
| **Supplementary Info** |
| How do you get to the project: |  |
| Journey Time: |  |

**Statement of Consent**

1. I am aware these schemesare an **open access\*\*** scheme that may include sports, recreational activities, arts and crafts, advice information and guidance, media, health and food related projects.
2. I confirm the details of the participant are correct.
3. I know of no medical reason why the participant named above should not take part in any activities and have listed all medical conditions that are relevant to the named participant’s participation

**If you do not agree to any of the following please delete as appropriate**

1. I understand that this scheme may enable the participant to gain accreditation and possibly be considered for relevant Duke of Edinburgh programs if the participant wishes.
2. I understand during the scheme photographs and video footage will be taken and that images can be used for promotion and evaluation.
3. I agree that information may be shared with relevant partner agencies, to secure help for the participant named, through available support and guidance.

Signature: (Participant) Date:

Signature: (Parent/Guardian if Date:

participant is under 18)

**Data Protection Act 1998**: The information you provide to Kirklees Metropolitan Council is necessary for project management, development and audit, and also, when appropriate, to secure help for young persons through available support and guidance. It will be used only for those purposes. The Integrated Youth Support Service may share it with other Council Services and Partner Agencies where this is necessary for and consistent with the stated purposes. For the purpose of the Act the contact is The Information Access Officer, Room 108 High Street Buildings, Huddersfield, HD1 2NQ