

Kirklees Young Peoples Service Registration Form MIS YP1 (2012)

Project Name	Art Beat
Venue	The Quarry Hill Centre Fleminghouse Lane Almondbury Huddersfield HD5 8UD
Young Person Details *	
First name :	Last name :
Date of Birth:	Age:
Date Joined:	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 Numbers :	
Relationship :	
GP Details: Name:	:
Address:	
Telephone	
Can the GP be contacted if required:	
Additional Info	
Employment/ School/College :	
Name of School / College :	
Please give details of any Disabilities:	
How does the above affect daily functioning:	
How does the young person communicate with others:	
Supplementary Info	
How do you get to the project :	
Journey Time :	

Statement of Consent

1. I am aware these schemes are an **open access**** scheme that may include sports, recreational, adventurous activities inc. rock climbing, canoeing, horse riding, sailing, arts and craft, 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 Young Person named above should not take part in any activities.

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

4. I understand that this scheme may enable young people to gain accreditation and the participant wishes to be considered for relevant Duke of Edinburgh's/Arts Award/Paddle Power etc..
5. I understand during the scheme photographs and video footage will be taken and that images can be used for promotion and evaluation.
6. I agree that information may be shared with relevant partner agencies, to secure help for young person named, through available support and guidance.

Signature: _____ (Young Person)

Date:

Signature: _____ (Parent/Guardian)

Date:

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 Young People's 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

What level of support does the young person require (e.g. one or two staff members)?

Does the young person use any special equipment? (e.g. wheelchair)?

What is the young person's level of dependency for toileting?

What significant risks affect the young person?

If the young person becomes distressed or aggressive, how is the situation best dealt with?

Medical Information

Does the young person have any ongoing medical concerns? Please give details:

Is the young person taking regular medication? Please fill in medication below:

Name of Medication	Strength/ Suspension	Dosage	Directions
<i>Eg. Paracetamol</i>	<i>500mg</i>	<i>2 tablets</i>	<i>With water, after food</i>

Is this medication likely to need administering during the activity scheme?

Please delete as applicable: Yes / No

Time	Medication	Dosage

Is the young person epileptic? Yes / No If yes please inform us of the best action to take if required?

Does the young person have any allergies?

Substance	Nature of Substance	Symptoms
<i>eg. Penicillin</i>	<i>Antibiotic</i>	<i>Anaphylactic shock</i>

I have ensured that I understand that it is important for **his/her** safety and for the safety of the group that any rules and instructions given by activity scheme staff are obeyed. I undertake to inform the Leader of any changes in the young person's health prior to the activity scheme. I am in agreement that those in charge may give permission for **my son/my daughter/ward** to receive medical treatment in an emergency.

Name of Person completing record: _____

Relationship to participant (if applicable)

Signature _____

Date

Please indicate by ticking the appropriate box which days you would like to join in the ART BEAT

Programme:

13th Feb [] 14th Feb [] 15th Feb [] 16th Feb [] 17th Feb { }

Please keep a note of the dates you have booked. We will not send out confirmation but will let you know by post or e-mail if any of the dates you have chosen are unavailable. Otherwise we will expect you on the days you have indicated.

Please let us know if for any reason you cannot attend so we can re-allocate your place.