Kirklees Young Peoples Service Registration Form MIS YP1 (2011/12)

			to issue to young person) *
Project Name		Feb HT	
Young People Service Team (e.g. Youth Work, Play,		PLAY	
Outreach) etc.			
Venue		Various	
	Young Pers		*
First name:			
Last name :			
Date Joined:			
Date of Birth:			
Age:			
Gender :	Male L	Female 📖	
Ethnicity : (Optional)	A1 Indian / A2 Pakistani / A3 Bangladeshi / A4 Asian (other)		
Please circle			
riease circle	B1 Black African/ B2 Black Caribbean/ B3 Black Other/ C1 Chinese /		
	M1 Mixed Page-A	cian / M2 Mi	ixed race-Black/ M3 Mixed Race-European/ 01
	MI MIXEU RACE-A.	Siail/ MZ Mi	ixed race-black/ M3 Mixed Race-European/ O1
	Other/ V1 Vietnar	mese/W1V	Vhite UK/Irish / W2 White European/ Rather no
	say		
	Addı	ress *	
Address1 :			
Address2 :			
County:			
Postcode:			
Home telephone :			
Mobile telephone :			
E mail Address :			
	Emergenc	y Contact *	
Name:			
Telephone Number :			
Relationship :			
Relationship .	Additio	onal Info	
Employment/ School/College :	Auditio	mai mio	
Name of School / College :			
Any Disabilities / Medical Conditions:			
(optional)			
Disability Details :			
	Suppleme	entary Info	
How do you get to the project :		-	
Journey Time :			
journey time:	-		
Statement of Consent			
	accocc** cchomo tha	t may inclu	de sports, recreational, arts and craft, advice
			ue sports, recreational, arts and crait, advice
information and guidance, media, health		ects.	
2. I confirm the details of the participant			
I know of no medical reason why the Y			
If you do not agree to any of the follow	ing please delete as	appropriat	te
4. I understand that this scheme may ena	ble young people to g	ain accredit	ation and the participant wishes to be considered
for relevant Duke of Edinburgh/AQA/ASI	DAN/Princes Trust sc	hemes.	
			taken and that images can be used for promotion
and evaluation.		J	
	with relevant nartne	r agencies 1	to secure help for young person named, through
o ag. cc mat imormation may be slidled	reievant partile	. agentico, i	to seeme neip for young person nameu, till ough
available cupport and guidance			
available support and guidance.			D :
	arr n		Date:
available support and guidance. Signature:	(Young Person	11)	Date
Signature:	, ,	•	
Signature:	(Young Person (Parent/Guar	•	Date:

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

* Mandatory field

* Require attention.

** Because attendance on Open Access schemes is not compulsory, young people are free to leave at any time. Responsibility for the young person should they choose to leave is with the parent/carer of the young person.