# Youth Focus: North EastRegistration and Consent Form

|  |  |
| --- | --- |
| Project |  |
| A |  |  |  |
| Date |  / / |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
|  |  |  |  |
| Date of Birth |  / / |  |
|  |  |  |
| Male |  | Female |  | Prefer not to say |  | Other |  |

|  |  |
| --- | --- |
| Your Address |  |
|  |  |
| Postcode |  |  |  |
|  |  |  |  |
| Telephone No. |  |  |  |
|  |  |  |  |
| Email |  |

Please select:

Are you in: Education Employment Training None of these

Which Local Authority area do you live in?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Newcastle |  |  | North Tyneside |  |  | South Tyneside |  |
| Sunderland |  |  | Gateshead |  |  | Northumberland |  |
| Darlington |  |  | Stockton |  |  | Durham |  |
| Hartlepool |  |  | Redcar & Cleveland |  |  | Middlesbrough |  |

Monitoring Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How would you describe yourself?

|  |  |  |  |
| --- | --- | --- | --- |
| Asian/Asian British - Bangladeshi |  | Dual Heritage - White & Asian |  |
| Asian/Asian British - Indian |  | Dual Heritage - White & Black African |  |
| Asian/Asian British - Pakistani |  | Dual Heritage - White & Caribbean |  |
| Asian/Asian British - Other Asian Background |  | Dual Heritage - Other Dual Background |  |
| Black/Black British - African |  | White - British |  |
| Black/Black British - Caribbean |  | White - Irish |  |
| Black/Black British - Other Black Background |  | Other Background: |  |
| Chinese |  |

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|  |

Medical Consent

Emergency Contact **(important)** – *if you have an accident or fall ill, we will need to contact someone on your behalf. Please provide details of someone that can be contacted in the case of an emergency.*

|  |  |
| --- | --- |
| Name of Contact |  |
| Relationship to you *e.g. Mum, Dad, Gran, etc.* |  |
| Contact telephone number |  |
|  |  |  |
| Name and address of Doctor’s Practice |  |  |
| Doctor’s telephone number |  |  |

Please read the following statements and tick the appropriate box, providing any further information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **If yes, please give details** |
| Do you suffer from any medical conditions or allergies? |  |  |  |
| Are you currently taking any regular medication? |  |  |  |
| Is there any reason it would not be safe or appropriate for you to engage in activities with other young people aged 11 – 25 years? E.G criminal convictions or cautions for sexual or violent offences, drug dealing, etc. |  |  |  |
| Is there any other information you would like to tell us? |  |  |  |

**Consent *(To be signed by parent/carer, if the young person is 18 or over, or 16+ and living independently this section can be signed by the young person). Please tick boxes to accept terms.***

I give permission for the named person/myself to participate in this project.

**In the event of an accident/incident, every effort will be made to contact the emergency**

**contact in any situation where medical treatment is required.**

Where this is not possible, I agree to the named person/myself to be given any medical

attention considered necessary while participating in the activity/event.

I give permission for the named person/myself to participate in online events,

for example Zoom or Teams.

**It is normal practice to film or photograph events and activities that we organise for young people and it is possible that we will use these images for the purposes of promoting the work of Youth Focus: North East in publication’s, DVD’s, or on our website.**

I agree to the images of the named person/myself to be used for the purpose of

promoting the work of Youth Focus: North East.

|  |  |
| --- | --- |
| Print Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Parent Carer Self |
|  |  |