**Youth Work - YOUNG PERSON REGISTRATION FORM**

**Data Protection Statement: The information you have provided on this form will be held on a secure database to be used by Youth Connect and BMYG Youth Work CIC for the purpose of maintaining and improving the level of service given to young people within the Walsall Metropolitan Borough. Information that can personally identify a young person will only be made available internally or to the Children’s and Young People’s directorate at Walsall Metropolitan Borough Council. For any queries on how your information will be held, please contact Riz Ahmed, Information and Communications Officer on 01922 336993.**

For any queries regarding this form, please contact Riz Ahmed on the contact number above.

**(Names; Date of Birth; Age; Previously Registered; Gender; Ethnicity Must be completed)**

**First Names:**

Previously Registered?

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**Last Name:**

**Date of Birth:** **Age:** **Are you?** Male Female

**How would describe your ethnic origin?**

|  |  |  |
| --- | --- | --- |
| **ASIAN**Bangladeshi Indian PakistaniOther Asian BackgroundPlease Specify…………. | **BLACK**AfricanCaribbeanOther Black BackgroundPlease specify……………. | **CHINESE**ChineseOther Chinese BackgroundPlease specify…………… |
| **DUAL HERITAGE**White and AsianWhite and Black AfricanWhite and Black CaribbeanOther Dual BackgroundPlease specify……….. | **WHITE**BritishIrishEuropeanOther White BackgroundPlease specify……… | **OTHER**Other ethnic GroupPlease specify……….Prefer not to say |

**Are you registered disabled or would you describe yourself as having any disabilities?** Yes No

If yes, how would you describe these?

**Do you have or would you describe yourself as having any learning difficulties?** Yes No

If yes, how would you describe these?

**Additional Information;**

**Are you?** At school At University Employed Training Scheme/New deal

 At college NEET Unemployed Doing Voluntary Work

**Are you currently either involved with, or one of the following?**

 Looked After Child Carer Young Parent

Youth Justice System Referral by Police Referral by Agency

**General Details:**

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 Address

Postcode

TelephoneMobile No Email Address

**Emergency Contact Details**

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|  |

Name of Emergency Contact

Contact Telephone No

Relationship to Young Person

**Youth Connect & BMYG Youth Work CIC has a strict Internet Usage Policy. Please speak to your youth worker who will provide you with a copy. Please tick this box to prove that you have read this statement.**

**Please tick this box if you give your consent to photographic images of youth activities being used for publicity purposes?**

**By filling in and signing this form you have given consent for this information to be used for purposes stated.**

**Young person Signature…………………………………………… Date………………………….**

**Parent/Guardian Signature……………………………………… Date………………………….**

**Youth Worker Signature………………………………………….. Date………………………….**