

Programme name:
 Dates from to



Personal Information and Consent Form

Please complete the following form using block capitals and return it to a Brathay member of staff. The Brathay Trust is committed to working on a regular basis with young people. This personal information and consent form will be kept securely on file and represents your permission for us to work with the below named individual for the foreseeable future.

Personal information

First name: **Family name:**

Date of Birth: **Age:**

Equal Opportunities Information

Gender: Male Female Transgender

Ethnicity:

Asian or Asian British	<input type="checkbox"/>	White - other background	<input type="checkbox"/>
Black or Black British	<input type="checkbox"/>	Chinese or Chinese British	<input type="checkbox"/>
White British	<input type="checkbox"/>	Mixed ethnicity	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

Personal Circumstances:

Have you ever struggled at school	<input type="checkbox"/>	Have you ever been excluded from school	<input type="checkbox"/>
Have you ever had any problems at home	<input type="checkbox"/>	Have you any special needs or disabilities	<input type="checkbox"/>
Are you in foster or residential care	<input type="checkbox"/>	Have you or your friends been in trouble with the police	<input type="checkbox"/>
Have you ever been homeless	<input type="checkbox"/>	Do you have English as a second language	<input type="checkbox"/>
Are you an asylum seeker or refugee	<input type="checkbox"/>		

Contact details

Address:

Town:

County: **Postcode:**

Telephone: **Mobile:**

Email:

Medical Information

The information provided in this section will be treated as confidential and will help ensure that you get the most out of the course. If you have any doubt whatsoever about completing this part of your form, please consult your Doctor.

Does the participant have any of the following conditions?

Back problems	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Knee or ankle problems	<input type="checkbox"/>	Mobility impairment	<input type="checkbox"/>
Physical disabilities	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>
Infectious disease	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Prone to fainting or dizzy spells	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>

Has the participant had a tetanus injection in the last 10 years? Yes No

Please provide any additional information below

Medication or medical treatment that the participant will need:

Medical conditions, medical issues or disabilities:

Specific dietary needs:

Vegetarian
Vegan
Nut Allergies

Halal
 Gluten Free
 Kosher
Other (please specify)

Protective equipment information:

Cannot wear life jacket Cannot wear helmet Cannot wear body harness

Please give details:

Doctor's details (please specify name, address and telephone)

Emergency contact:

Relationship to emergency contact:

Parent Carer

Parent/ Guardian/ Other responsible adult Consent

In signing for a participant who is under 18 years of age, I acknowledge the following:

I have read the supporting information and confirm it is correct and agree to the named participant taking part in the programme and/or attending the Outdoor/Personal Development Residential in the Lake District.

- I understand that the Brathay Youth Workers will be acting in loco parentis during the programme and that during activities this will be delegated to the lead coach or facilitator of that activity.
- I acknowledge the need for the above named participant to behave responsibly and to adhere to an agreed Code of Conduct whilst working with Brathay.
- I understand that if the above named participant is sent home it is my responsibility to collect them and/or make suitable arrangements at my own cost, and that any costs for damage caused by the above named participant will normally be passed on to their parent/guardian.
- I agree to the above named participant receiving medication as instructed and any emergency treatment as considered necessary by the medical authorities present.
- I agree to the organisers of the programme making contact by letter/phone/email with further details of the programme.

I confirm that I have read and understood the above and, I or the person named below, will be available during the dates shown if you need to contact me/us.

Parent/Guardian Name (CAPITAL LETTERS PLEASE)

Signature _____ Date _____

Telephone _____ Address _____

PLEASE MAKE SURE THE PARENTAL CONSENT MARKED IN *RED ITALICS* HAS BEEN SIGNED

Contact/Photos - please tick if you wish to OPT OUT

- Photos, interviews and video footage of the above named participant may be taken during the programme and shared with other participants.
- Photos, interviews and video footage of the above named participant may be used on printed publications surrounding the programme, on the organiser's website and in public broadcast by agencies and channels.
- You may be contacted in the future by our research team for monitoring purposes.
- You may be contacted in the future by our marketing team with details of future offers for further development opportunities

Brathay trust is registered under the Data Protection Act 1998. all information collected on this form will be treated in accordance with this Act. Where appropriate this information will be transferred to our business partners providing the activities or those agencies responsible for funding Brathay Trust activities.