

## HOLIDAY ACTIVITIES - REGISTRATION FORM MAY 2024

The information collected in this form will be used by Step Forward to carry out procedures relating to this activity, allow us to fulfil our organisational obligations and to ensure staff are able to safeguard the wellbeing of you/your child and others taking part. Step Forward abides by the Data Protection Act 2018. If you would like more information on how and why your data is collected, stored and used, please contact Step Forward's Data Protection Lead - Lee Robinson at [dpl@step-forward.org](mailto:dpl@step-forward.org)

<b>Name of Young Person:</b>	<b>Date of Birth:</b>
<b>Phone number:</b>	
<b>Address including postcode:</b>	

**Please provide us with the name of someone who can be contacted in the event of an emergency.** This information will only be used in the event of an emergency relating to you/your child. If you are not the person listed, please ensure that you have permission from the person whose details you are including prior to handing in this form.

<b>Name:</b>	<b>Relationship to young person:</b>
<b>Telephone (Home and Mobile):</b>	<b>Email:</b>
<b>Address:</b>	
<b>Postcode:</b>	

**Please read the following, tick the boxes if you agree with the statements and sign below:**

- I give consent for the collection and storage of special category personal data (i.e. health, religion, sexuality, disability, ethnicity) by Step Forward that relates to myself/the named young person **(Parental/Carer consent is required if the young person is under 13)**
- I give consent for any multimedia information (e.g. photos/film footage etc.) to be used for publicity purposes or other purposes to help achieve Step Forward's aims. This might include (but is not limited to), the right to use them in printed and online publicity, social media, press releases and funding applications. **(Parental/Carer consent is required if the young person is under 13)**
- I give permission for the named young person to participate in the Step Forward programme based at Step Forward 234 Bethnal Green Road. Please note, some activities will be conducted offsite. **(Parental/Carer consent is required if the young person is under 16)**
- I agree for the named young person to participate in an adventure activity offered by Step Forward e.g. Indoor Climbing (and delivered by appropriately qualified instructors/guides). I confirm that I/my child is in good health and I consider myself/them fit to participate in the activities like the ones suggested above. I understand the activities may include the use of specific equipment (e.g. ropes etc.). I acknowledge the need for obedience and responsible behaviour on their/my part. **(Parental/Carer consent is required if the young person is under 16)**

**Young person signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**Name of Parent/Carer :** \_\_\_\_\_

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Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Is there anything we can do to support you/ your child?** Are there any mental health or learning needs it would be useful for us to know?

Please provide details of any **physical health issues** including long standing conditions, injuries, allergies and any medication that is taken(including the dosage and whether self-administered):

Lunch and snacks are provided. All food will be halal. Please let us know of any other **dietary requirements**:

**(Under 16s only)** How will you/your child be going home after their activity.

*Will you pick your child up from Step Forward or the activity site?*

**Yes / No (please circle as appropriate)**

*I give permission for my child to travel home on their own directly from Step Forward?*

**Yes / No (please circle as appropriate)**

*I give permission for my child to travel home on their own directly from an external activity site separate from Step Forward? **Yes / No (please circle as appropriate)***

*Any other information you would like us to be aware of?*

<b>(Week 1)</b>	<b>Timings and Activities</b>	<b>Tick if coming</b>
Tuesday 28 <sup>th</sup> May	Calming Crochet 11am-1pm	
	Hart Cinema Trip 2 – 4:30pm	
Wednesday 29 <sup>th</sup> May	Hackney City Farm Trip 11am-1pm	
	THEWS Wellbeing Workshop 2–4pm	

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The following information is for monitoring purposes and will be kept confidential:

<b>Young person's gender</b>	Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other _____
<b>Any disabilities or conditions</b>	Yes- Learning <input type="checkbox"/> Yes- Physical <input type="checkbox"/> Yes- Sensory <input type="checkbox"/> Yes- Mental health <input type="checkbox"/> Yes- Long standing <input type="checkbox"/> Yes- Other _____  No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>Sexuality</b>	Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning/Not sure <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other _____
<b>Religion</b>	Agnostic <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Humanist <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other _____
<b>Ethnicity</b>	Asian or Asian British: Bangladeshi <input type="checkbox"/> Black or Black British: African <input type="checkbox"/> Asian or Asian British: Indian <input type="checkbox"/> Black or Black British: Caribbean <input type="checkbox"/> Asian or Asian British: Pakistani <input type="checkbox"/> Black or Black British: Somali <input type="checkbox"/> Asian or Asian British: Other <input type="checkbox"/> Black or Black British: Other <input type="checkbox"/> White: English <input type="checkbox"/> White: Traveller of Irish Heritage <input type="checkbox"/> White: Irish <input type="checkbox"/> White: Gypsy/Roma <input type="checkbox"/> White: Scottish <input type="checkbox"/> White: Eastern European <input type="checkbox"/> White: Welsh <input type="checkbox"/> White: Other <input type="checkbox"/> Mixed/Dual Heritage: White & Black African <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed/Dual Heritage: White & Black Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mixed/Dual Heritage: White & Black Caribbean <input type="checkbox"/> Turkish <input type="checkbox"/> Mixed/Dual Heritage: Any other mixed background <input type="checkbox"/> Other ethnic group <input type="checkbox"/> Prefer not to say <input type="checkbox"/>