**Young Person Emergency Contact Details**

**(Data Controller for Level Two Youth Project is Shez Hopkins – Project Manager)**

I understand this information will be treated as confidential. It will be used to contact my parent / carer in the event of an emergency; Shared with Level Two Youth Workers if they need to know about a health condition, other agencies if required by law or if I am considered to be at risk of harm. You may also log additional information that I choose to share with you. This will only be accessible by Level Two Youth Workers & will be treated as confidential. You will only hold information for as long as you need it.

I have the right to see any information you hold about me, have it corrected or have it erased. If you are unable to get consent you may hold information under legitimate interest.

|  |  |
| --- | --- |
| Young Person’s full name |  |
| Address (Including Postcode) |  |
| Home Telephone Number |  |
| Young Person Date of Birth |  |
| School & Year Group |  |
| Parent / Carer Email |  |
| Parent / Carer name & emergency contact number (preferably a mobile) |  |
| Any additional needs, medical issues or allergies. (If asthmatic please carry your inhaler with you at all times.) |  |
| Religion | No Religion  Christian  Other  |
|  | (If other please state) |
| Ethnicity  | White British  White European  White Other  |
|  | Asian, Asian UK, Indian  Other Ethnic Background  |

* Level Two may take photographs of the young people during sessions / activities to use for publicity purposes, including the Level Two Facebook page & Website. Please cross this box if you **do not** want this to happen. 
* I am aware of the Level Two code of conduct. 
* I am happy to receive updates & information via email Yes  No 
* I have read the Privacy Statement & the information on this form is correct & complete. I understand it is my responsibility to inform and update Level Two of changes to the above information. 

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Signed by Young Person age 13+ or Parent / Carer if under 13yrs Date