Highbury Roundhouse Membership Form

Please write in Block Capitals

First Name	**Last Name**
Also known as	**Date of Birth** **Age**
Address **Postcode**	**Male/Female/Transgender**
Ethnic Orign (Please see reverse of this sheet)	**Sexuality (e.g. heterosexual, homosexual, bisexual)**
Religion	**Contact Mobile Number**
Email:	**Do you want to receive job, career info and local opportunities by email?**
Instagram	**Twitter**
Facebook	**Name of school, college or other establishments**

Emergency contact number, name and relationship e.g. Parent/Guardian

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This information is kept confidential.

MEMBER CONSENT

We would like to know if you consent to two things, which the youth worker you are working with will explain. Please make sure you understand what is being asked before you sign. Thank you.

May we share your information with our funders for monitoring purposes? ☐

Signed:_____ Date:_____

May we use your image in our promotional materials? ☐

Signed:_____ Date:_____

For Staff Use only:

I agree that I have explained in full the following:

- **The reason for disclosure of information**
- **Details of the agencies with whom information may be shared**
- **What information may be sought and shared and why it is important**

Name of worker present _____

Signature of worker present _____

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What is your ethnic group?

Please choose one option that best describes your ethnic group or background

White

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

Mixed / Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background, please describe

Asian / Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

Black / African / Caribbean / Black British

14. African
15. Caribbean
16. Any other Black / African / Caribbean background, please describe

Other ethnic group

17. Arab
18. Any other ethnic group, please describe

_____

MEDICAL INFORMATION

GP Name _____

Address _____ Tel_____

MEDICAL CONDITIONS (delete as appropriate)

1. **Are you on any medication?** Yes/No **If yes, what are you taking?**_____
What is it for? _____

1a. **Does you take the medication yourself?** Yes/No

2. **Do you have any allergies?** Yes/No **If yes, please state what the is allergy is:** _____

2a. **What happens if you come into contact with the allergen?**
_____

2b. **What do you usually do when you come into contact with the allergen?**
_____

3. **Does you have asthma?** Yes/No

3a. If **so, do you carry an inhaler?** Yes/No

4. **Do you suffer from epilepsy?** Yes/No

5. **Do you have any other medical conditions?** Yes/No
If so, please give details:
_____
_____

6. **Do you have any special dietary requirements? Yes/No If so please give details:**
_____
_____

7. **Do you have any special needs? Yes/No If so please give details:**
_____
_____
_____
_____

Please note that staff may not take responsibility for the taking or application of any medication or creams. However children (under 18) may be supported in the administration of medication etc under special circumstances and after consultation with the Senior Worker.

I give consent to any emergency medical treatment necessary during the DEMO activities and authorise the Senior Worker to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment be necessary. This is provided every reasonable effort has been made to reach my parents, carers or guardians and seek their permission, and that delay in treatment is likely to endanger my health or safety in the opinion of the doctor or hospital.

Signed_____
Date _____