|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ABOUT YOU | | | | | |
| First Name |  | | | | |
| Family Name |  | | | | |
| Country you come from? |  | | | | |
| Age |  | | | | |
| Date of Birth | Date | Month | | | Year |
|  |  | | |  |
| Language? |  | | | | |
| English level? | Basic | Intermed | | Advanced | |
| Name of School or College |  | | | | |
| WHERE DO YOU LIVE? | | | | | |
| Address |  | | | | |
|  | | | | |
|  | | | | |
| Postcode |  | | | | |
| Your Mobile Number |  | | | | |
| WHO DO YOU LIVE WITH? (tick 1) | | | | | |
| Family |  | | | | |
| Foster carers |  | | | | |
| With friends |  | | | | |
| Hostel |  | | | | |
| Supported housing |  | | | | |
| Alone |  | | | | |
| EMERGENCY CONTACT | | | | | |
| Name parent/ carer/ keyworker |  | | | | |
| Address |  | | | | |
|  | | | | |
|  | | | | |
| Mobile Number |  | | | | |
| HEALTH | | | | | |
| Health issues? | YES | | NO | | |
| Details |  | | | | |
|  |  | | | | |
| OTHER PROFESSIONALS | | | | | |
| Do you have a Social Worker? | YES | | NO | | |
| Do you have a solicitor? | YES | | NO | | |
| Date of joining? |  | | | | |
| ID – PLEASE SHOW ID WITH NAME AND AGE | | | | | |



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We are all equal here…**  **RESPECT RESPECT RESPECT!**   * I will respect the centre and equipment * I will listen to staff and volunteers * I will be friendly to everyone who comes here * I will not bring or use drugs, alcohol or weapons * I will not fight and I will not get involved if others fight * If I do fight, I know I will not be able to come again * I will help out –I will look after my Club and keep it clean * I will show respect and I will get respect back * I will come here to have fun and help others have fun   **SPEAK NICELY, PLAY NICELY, BE NICE AND HAVE A NICE TIME!**   |  |  |  | | --- | --- | --- | | I agree to (please tick): | | **tick** | | Dost keeping my information safely and securely and contacting me about activities or services.  I understand that Dost needs some information to keep me and others safe and I understand that Dost will only share my information with others who need to know this, for example funders or other organisations who may offer support to young people or if I or someone else is at risk if Dost doesn’t share this information. | |  | | Asking to see what information Dost has about me if I want to see this and I know I can also decide not to share any information, although this may mean that I am unable to join in activities due to safety.  Dost will delete all my information after a certain period of time. | |  | | Talk to Marian or someone who works or volunteers at Dost if I am not comfortable at any time during activities, so they can help me feel safe and secure | |  | | Receiving any emergency medical treatment that I may need and sharing my carer’s details | |  | | Being filmed or photographed during the activity.  I understand that the photographs or film might be used to tell other people about what Dost does  Note: If I don’t agree to this, Dost will not use any images of me. | |  | | I understand that enjoying the activity and being safe means, I need to follow the safety rules above. | |  | | **NAME:** |  | | | **SIGN:** |  | | | **DATE:** |  | | |