|  |
| --- |
| 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 doesNote: 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:** |  |

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