

BARKING AND DAGENHAM YOUTH DANCE (BDYD)

This form is aimed to assist in the collecting of information regarding young people under 18 years of age, who are looking to join BDYD. This information is requested by BDYD to help in monitoring its membership. The data will help the us in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work both nationally and locally, and will identify and help Leaders meet any special needs of individuals. Please complete in black capital letters.

Child's name: _____

Date of birth: _____ Female: Male:

Address: _____

Post Code: _____

Parent / Carer Mobile: _____ Email: _____

In order to assist us in our equal opportunities monitoring please tick one of the following boxes which best describes your ethnic origin.

White	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White – British	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Mixed (White and Black Caribbean)	<input type="checkbox"/>	White other	<input type="checkbox"/>	Mixed (White and Black African)	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Mixed (White and Asian)	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Mixed other	<input type="checkbox"/>
Black other	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Information refused	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other	<input type="checkbox"/>

Religion or Faith (please tick as appropriate)

Buddhist	<input type="checkbox"/>
Christian (all denominations)	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Any Other Religion	<input type="checkbox"/>
No Religion	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Medical Details: (please tick box and circle details)

Developmental	<input type="checkbox"/>	ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia,
Injury	<input type="checkbox"/>	Body, Brain
Physical	<input type="checkbox"/>	Spinal, Down's syndrome, other
Medical	<input type="checkbox"/>	Allergies, Arthritis, Asthma, Diabetes, Epilepsy, ME/Chronic Fatigue,
Mental health	<input type="checkbox"/>	Bipolar, Depression, Eating Disorder, self-harm, other
Progressive	<input type="checkbox"/>	Muscular Dystrophy
Sensory	<input type="checkbox"/>	Hearing, Vision, Other

Dietary Needs: _____

School/College/University: _____

Social Media username (Facebook, Twitter, Instagram, Snapchat): _____

Is your child in receipt of Free School Meals? Yes No

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Declaration:

By signing this form, I agree to BDYD, during and beyond my child's involvement with the organisation:

- Retaining personal data to facilitate any present or potential future involvement with BDYD;
- Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information and/or commission of offences or alleged offences
- Allowing access to personal data to appropriate individuals within BDYD.
- To film and take flash photography of the above named person.
- To use the filming material and the photographs for publicity linked to BDYD.

I declare that to the best of my knowledge all the information on this form is complete and correct:

Parent / Guardian signature: _____

Print Name: _____ Date: _____