 

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed by parent / guardian: (Please delete as appropriate)*

|  |  |  |
| --- | --- | --- |
| I consent to the young person taking part in social visits | Yes | No |
| I confirm that he/she is medically fit to participate | Yes | No |
| In line with our emergency procedures, I agree to Emergency Services being contacted as necessary | Yes | No |
| I agree to the young person participating in all programme activities except **any I have detailed in No.4 below** | Yes | No |
| Autonomie may wish to take photographs / produce films of young people for promotional purposes (inc. website / social media).I agree to the young person appearing in photographs / films for use by Autonomie / Big Lottery  | Yes | No |
| I give permission for the young person to have supervised use of computers and the Internet while attending the programme. | Yes | No |

1. Please list any **disabilities/medical conditions** the above-named young person has and any information which may be needed for Emergency Services Personnel.
2. Please list any medication which the young person is prescribed and/or takes on a regular basis.
3. Does the young person suffer from any allergies/or dietary requirements?
4. Does the young person use any mobility equipment or require additional support? If yes, please give all details.
5. Are there any activities which may cause difficulties or issues for the young person? (photo sensitivity/physical exertion/guiding/use of wheelchairs.
6. Have there been any major health episodes (e.g., seizures / hospital admissions/surgery) in the past 12 months which may affect the young person’s ability to take participate in activities?
7. Please provide names and contact numbers for Carers/parents/family members.

|  |  |  |
| --- | --- | --- |
|  | **Emergency Contact 1** | **Emergency Contact 2** |
| Name |  |  |
| Relationship to Young Person |  |  |
| Home Phone |  |  |
| Mobile |  |  |
| Email |  |  |

**Please ensure that Autonomie personnel is notified** **if anyone, other than those named above, is collecting a young person.**

(In line with Autonomies’ Safeguarding Policy)

1. Any additional information which may safeguard and protect the young person

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian/Referrer

Contact details if different from Emergency Contacts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***It is important that you advise Autonomie as soon as possible of any changes to the information above.***

**DATA PROTECTION**

All information on this form is confidential and will only be used by Autonomie to support the young person on the programme and to allow us to report to our funders and other stakeholders or in the case of Covid 19 details may need to be shared with PHA.

This information will be held on both paper and electronic systems.

 Your confirmation below is your authorisation to allow Autonomie to process and retain the information.

You may advise us of information which you do not authorise us to retain / process or can withdraw your consent at any time. For information on this please contact Autonomie (contact details below).

 The information requested in the attached form is to ensure that Autonomie organises safe, developmental, and enjoyable programmes for the young person. We must advise that any omissions in requested information may detract from the above objectives or put the young person at risk

For further details regarding how we handle personal data please refer to our Privacy Notice on our website [www.autonomie.org.uk](http://www.autonomie.org.uk). Our Privacy Notice is in line with the General Data Protection Regulation (GDPR) privacy rules introduced across Europe. A paper copy of this Notice can be requested from the Autonomie office.

**I CONFIRM THAT AUTONOMIE HAS THE APPROPRIATE LAWFUL BASIS FOR PROCESSING AND RETAINING THE INFORMATION INCLUDED IN THIS FORM (please write in YES or NO in the blank box – Thank You)**

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please return this form either by email to: hello@autonomie.org.uk or by post to: Autonomie, Lilac House, 4 Sandhurst Road, Belfast BT7 1PW.***

 ***Telephone: 028 95918051***

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