



**19TH WIMBLEDON
SCOUT GROUP**



HQ: 106 Cottenham Park Road, London, SW20 0SZ

www.19thwimbledonscouts.co.uk
Registered Charity Number: 303793

MEMBERSHIP APPLICATION FORM

Section: Please tick the appropriate box

Oakwood Beavers

Oakwood Cubs

Scouts

Mayhew Beavers

Mayhew Cubs

Child's Details:

Surname		First Name(s)	
Address			
			Post Code
Home Telephone No.		Date of Birth	Male / Female (Delete as appropriate)
Religion / Faith			

Ethnic Origin (Please tick)

<i>White</i>	<i>Mixed/multiple ethnic background</i>	<i>Asian/ Asian British</i>	<i>Black/African/ Caribbean/Black British</i>	<i>Other ethnic group</i>
British (inclu. N. Irish)	White & Black Caribbean	Indian	African	Arab
Irish	White & Black African	Pakistani	Caribbean	Other
Gypsy or Irish Traveller	White & Asian	Bangladeshi	Any other Black/African/ Caribbean background	
Any other White background	Any other Mixed/multiple ethnic background	Chinese Any other Asian background		

Parents' / Guardian's Details:

Mother's Surname		Mother's First Name(s)	
E-Mail Address		Mobile Telephone No.	
Mother's Occupation			
Father's Surname		Father's First Name(s)	
E-Mail Address		Mobile Telephone No.	
Father's Occupation			

Photo Permission:

From time to time we may like to use your child's image in our Group or District publications (e.g. newsletters, website, videos, etc).
Please tick here if you do NOT want your child's image to appear.

Continued Overleaf

Previous Scouting membership:

Has **your child** been a member of the Scout Movement before? **Yes / No** (Delete as appropriate)

If "Yes", please give details below, including previous Scout Group(s) and dates.

Have **you** (parent/guardian) been involved with the Scout Movement before? **Yes / No** (Delete as appropriate)

If "Yes", please give details below.

Medical Information and Disabilities:

Has your child any medical history or disabilities that we should know about? **Yes / No** (Delete as appropriate)

If "Yes", please give details below, e.g. Asthma, serious hay fever, any special needs and details of any medication taken.

Requirements of the Data Protection Act:

The information on this form will be retained during your child's time in the Scout Group and may be shared from time to time within Scouting including the Headquarters of the Association, which is a membership organisation. Items overleaf are classed as "Sensitive personal data", we are required by law to obtain your explicit consent to hold this information. The details will solely be used in connection with your child's membership of the Scout Movement in the UK. Nothing will be passed to third parties outside the Scout Movement without your consent.

I accept that the Scout Group will be keeping information about my child's membership of the Scout Movement for Scouting purposes.

I give explicit consent to the holding of information of my child's health; disabilities; religion/faith; race/ethnic origin again for Scouting purposes.

I give / do not give (delete as appropriate) my consent to the disclosure of any of the information held to third parties associated with the Scout Movement in order that they may offer products and services which may be of interest.

Signed

(Signature of Parent / Guardian)

Date

For Group Use:

Section Leader

Treasurer

Database

GSL

Other