

118 Broadway,

Didcot, Oxon,

OX11 8AB

T: 01235 519315

 E:info@didcottrain.org.uk

W: www.didcottrain.org.uk

@didcottrain

Consent Form

TRAIN works with and for all young people in Didcot, especially those who, for whatever reason, are having a tough time. Young people can become vulnerable and disadvantaged in a whole range of ways. TRAIN is there to help them to see they do have options. TRAIN helps the young people in Didcot make informed choices, avoid risky behaviours, find ways out of difficult situations, find their own voices, and be who they want to be.

|  |
| --- |
| Young Person’s Name: |
| D.O.B: | Age: | Year Group at School: |

|  |  |
| --- | --- |
| Address: | ICE = Home number:ICE = Parent Mobile:Parent Email(please make sure that this is clear as import information will be sent regarding opportunities) |
|  |
| Mobile number of young person:  |

|  |  |
| --- | --- |
| Doctors name:  | Telephone number:  |

Please give details of any medical conditions, eg: Diabetes, Migraines, Epilepsy:

………………………………………………………………………………………………………………………………………....

……………………………………………………………………………………………………………………………..……….....

Please give details of any allergies, eg: antibiotics, Elastoplast, aspirin, food:

……………………………………………………………………………………………………………………………..……….....

……………………………………………………………………………………………………………………………..……….....

Please give details of any current medical treatment at present, eg: illness, medication (please include when it should be taken and dosage):

……………………………………………………………………………………………………………………………..……….....

……………………………………………………………………………………………………………………………..……….....

Is there any other **confidential** information you can give us to keep the young person safe and help make the youth project a fantastic experience for them?

For example, if your child gets anxious what might help them to feel more relaxed? Or do they have any additional needs Please feel free to talk to Alice instead of writing on the form.

……………………………………………………………………………………………………………………………..……….....

……………………………………………………………………………………………………………………………..……….....

Is the young person working with any other agencies such as CAMHS, social services etc.? Please provide any further information such as key workers.

……………………………………………………………………………………………………………………………..……….....

……………………………………………………………………………………………………………………………..……….....

**Declaration**

I am the parent/guardian of

……………………………………………………………………………………………………………………

* To the best of my knowledge my young person is not suffering from any medical condition that makes them unfit to attend the club
* I give the youth worker in charge permission to give first aid to my young person if necessary
* I give the youth worker in charge permission to take my young person to a doctor if necessary, if I cannot be contacted
* I give the youth worker permission to take my young person to hospital for emergency treatment if I cannot be contacted.
* I agree to my young person receiving medical treatment, including anaesthetic as considered necessary by medical authorities present.
* Staff cars will sometimes be used in transporting young people. Staff cars have business insurances and are MOT.
* Due to our funding for positive activities and trips being limited it is not always possible for us to refund unattended trips or cancelations of spaces that cannot be refilled by another young person.
* I agree to my young person taking part in positive activities in Didcot (with a staff member), group mentoring sessions and to drop in the office at any time staff can accommodate them.
* I understand that additional consent will be sought for any positive activities and trips that are outside of Didcot.

**I am happy / I am not happy** to any photographing, video & audio recording and for those materials to be used by TRAIN to promote its work. This includes in the TRAIN office, press, newsletters and social media.

We will collect and process all personal data in line with Data Protection Act 1998. Data will be held by TRAIN and will be shared only with SODC monitoring system as per funding requirements.

TRAIN consultants may call, email, use social media or text you or the young person to complete a survey in the future.

**Please tick here if you DO NOT want to be surveyed.**

If I cannot be reached, please contact:

Name …………………………………………………………………………………………………………………………………

Relationship to young person ……………………………………………………………………………………………………..

Address ………………………………………………………………………………………………………………………………

Telephone ………………………………………………………Mobile……………………………………………………………

Name parent or guardian …………………………………….. Signed…………………………………………………………

Date ……………………………………………………..