

# Jersey Youth Service Registration Form Please complete ALL SECTIONS of this form in BLOCK CAPITALS

_	First Name:			Surname:				
Young Person's Name	rielened							
	First Name :	1	1		Surname :			
Date of Birth	day	mont	th	year	Gender	Female Male Trans Fema	☐ Non-Binary ☐ ☐ Prefer not to say ☐ le ☐ Trans Male ☐	
	Address:							
Address and Contact Details								
	Parish:				Post Code:			
	Young Person's Contact Number/s: Mobile :			le:		Home :		
Ed antia o Employees	☐ At School ☐ At College							
Education & Employment Status	School/College Name :							
	□ Employed □ Unemployed							
Medical & Support Information	Any medical conditions or allergies?   NO YES  If yes please describe:							
	Any special nee	•	□ NO	□ YES				
Emergency Contact Details	Contact 1 (ESSI				Contact 2			
(Must be over 18 and preferably	First & Surnam			First & Surname:				
a Parent/Carer of the young	Mobile			Mobile				
person concerned who can be contacted during an emergency)	Home			Home				
	☐ Mother ☐ Father ☐ Guardian ☐ Carer				☐ Mother ☐ Father ☐ Guardian ☐ Carer			
Emergency Contact	☐ Guardian		ner	☐ Guardian ☐ Carer ☐ Grandmother ☐ Grandfather				
Relationship to young person	☐ Sister	other		☐ Sister ☐ Brother				
	☐ Other (pleas	9):		☐ Other (please describe):				
		Requir	ed De	clarations				
I/my child understand/s and agree/s to foll I declare that the information on this form contained on this form including any chang I consent for the information above, and Information System (IYSS Core+), which is education, administration and safeguarding	n is correct. I unders ges in medical condit any other additiona s hosted by Career V	stand and actions or disab ions or disab I information	ccept tha pility stat n related	at it is my responsi :us d to this JYS regis	bility to inform	the Youth S future, to be	stored on the JYS Management	
Either Young people aged 13 ye	ears or over may	complete	e and si	ign the form the	emselves			
Young Person	<b>*</b>	Sig	gned: .				Date:	
Or Young people under 13 years for the young person concerned	of age must have	e this forn	n comp	oleted and signe	d by someo	ne who ha	s <u>parental responsibility</u> *)	
I confirm that I have sole/joint par	ental responsibi	<u>lity</u> * for th	he your	ng person name	d on this fo	rm		
First & Surname:		5	Signed	:			Date:	
*PARENTAL RESPONSIBILITY – For a child born in Jersey, y protection order for the child / are a guardian of the child responsibility with the mother) / are the child's father ar entered into a parental responsibility agreement with the	d / have adopted the child / nd you were not married to	are the child's f the child's moth	ather and y ner when th	ou were married to the ch e child was born but have	nild's mother when t	the child was born	(in which case you will normally share	



## Jersey Youth Service Optional Consent Form

#### **Out of Youth Project Activity/Visit Consent**

I give consent for my child to be transported in a youth project minibus (when required) and taking part in lower risk activities – examples of which include:

- Visits to places of interest (eg. Heritage sites)
- Visits to other youth projects
- Inter youth project sports events (eg. football, pool, netball)
- Venues to play sport, games, activities (eg. Bowling, quasar, climbing wall, Body zorbing)
- Attending training and meetings @ other venues
- Spontaneous shopping trips (eg. supermarket)
- Eating out (eg. Take-aways, restaurants, cafes. coffeshops)

Consent for any Higher-risk activity or residential on or off-island trip will require a separate consent form to be completed for each and every separate occasion

I confirm that I have sole/joint parental responsibility* 1	for the young person named on this form	n
First & Surname:	Signed:	Date:

### **Use of Images/Audio Consent**

I give consent for photographs and video material of my child, named on this registration form, to be used in Youth Service/States of Jersey printed publications, promotional films, web and social media sites (including some which are not hosted within the EU) including any Jersey Evening Post, Channel Television or Radio interviews and features

I confirm that I have sole/joint parental responsibility\* for the young person named on this form

irst & Surname:	Signed:	Date:
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#### **GDPR Notice**

As a 'controller' under the Data Protection (Jersey) Law 2018 we process and hold your information in order to provide public services and meet our statutory obligations. We may not be able to provide you with a service unless we have enough information or your permission to use that information. Below, we explain what we collect; how we will use your information; and what your rights are.

We have collected your personal details (name; address, contact details; and DOB) and we do this in order to carry out the service you have requested; to monitor and improve our performance; to ensure that we meet our legal obligations; to prevent and detect crime; to process financial transactions including grants or payment of benefits; to allow the statistical analysis of data so we can plan the provision of services; and where necessary, for our law enforcement functions; or to protect individuals from harm or injury.

We will endeavour to keep your information accurate and up to date and not keep it for longer than is necessary. Please see our published retention schedules for more detail about how long we retain your information. We will not pass any personal data on to anyone outside of the States of Jersey, other than those who either process information on our behalf, or because of a legal requirement, and we will only do so, where possible, after we have ensured that sufficient steps have been taken by the recipient to protect your personal data. We do not process your information overseas using web services that are hosted outside the European Economic Area. At no time will your information be passed to organisations for marketing or sales purposes or for any commercial use without your prior express consent.

You can ask us: to stop processing your information; to correct or amend your information; for a copy of the information we hold about you. You can also: request that the processing of your personal data is restricted; and withdraw your consent to the processing of your information.

You can complain to us about the way your information is being used by contacting us at dataprotection2018@gov.je

alternatively you can complain to the Information Commissioner by emailing enquiries@oicjersey.org.