



KICK Roots youth club at The Broadleas Centre, St Ives

The KICK Roots youth club runs weekly for young people aged 11-14.

The club is on every Tuesday 5-7 pm (term-time only) and there is no charge to participate.

The club is run by members of KICK staff and volunteers. All KICK staff and volunteers have enhanced DBS checks.

The club will offer young people the opportunity to meet new people and learn new skills by playing sports, creating and listening to music, cooking, photography and film making.

KICK Roots will support young people to develop their communication and social skills in a safe and fun environment.

All staff will fulfil their responsibilities to keep young people as safe as possible at all times, however we need you to please give your consent for your son/daughter to attend by signing the attached slip. Without this, young people will not be able to participate in the programme.

Please note that limited places are available, and will be filled on a first come, first served basis. Please do not hesitate to phone me if you have any questions about the programme.

Many thanks,

**Alice Boon
KICK Roots lead worker
Phone: 07565694823
Email: alice@kickyouth.org**



I give consent for _____ to attend KICK Roots Youth Club at the Broadleas centre. I attach his/her completed Membership Form so that you will be able to contact me if need be.

Please print your name _____.

Relationship to young person _____.

Emergency contact number _____.

Signed _____.



Club/Project: **KICK Roots Youth Club**

Name: Date of birth:

Address:

Post Code: Email:

Home telephone: Mobile (young persons):

Are you Female Male

How would you describe yourself?

- Grid of ethnicity options including Asian/Asian British, Black/Black British, Chinese, Mixed, White, Gypsy Heritage Traveller, Romany Heritage Traveller, and Irish Heritage Traveller.

Would you describe yourself as having a disability? Yes No

What school do you/did you attend?

Are you planning to, or have you, stayed on in education after the age of 16? Yes No

In an emergency, who can we contact?

Name: Relationship to you (Mother, Uncle, etc)

Telephone: Mobile:

Any medical condition/information we might need to know? [Text box]

Are you already registered as a member on another youth work programme? Yes No

Please list any other clubs or groups you go to: [Text box]

Signed: (young person) Date:

Signed: (parent/carer)* Date:

*To be signed by the parent or carer if the applicant is under 16 years of age

Please complete the Photograph/Video permission Form overleaf
Any personal information provided on this form will be held on a computer or other filing system and may be shared with Connexions and other similar youth organisations in accordance with the Data Protection Act 1988.



Photograph/Video Permission Form

Whilst young people are taking part in activities organised by our youth workers we occasionally like to record an event or activity by taking photographs or using a video camera. The images may be used for reports, displays etc or even just as memories for the young people. We are aware of the sensitivity surrounding this issue and therefore will not photograph/video any young person without the consent of their parent/carer.

If you are happy for your son/daughter to be photographed/videotaped during the normal course of the activity please complete the form below.

Please complete this form in Block Capitals (except your signature)

Name of Organisation to whom permission is being given:

Child/children's Name/s _____

Parent/Carer's Name: _____

Address: _____

_____ **Post code:** _____

I am the parent/legal guardian of the child(ren) named above and I give permission for my child(ren) to be photographed or videotaped whilst in the care of the organisation named above for the following purposes (please tick all that apply)

- Photo Albums
- Displays
- Reports/evaluation
- Printed publications available to the public
- Youth work/Connexions Website
- Newspaper articles

For child protection reasons, children's names will not be given in any publication.

However, if you are happy for their full name to appear in a News Paper article

please tick this box:

Parent's signature: _____

Date: _____



KICK
General Data Protection Regulation (GDPR)
Parent Consent Form

Please put a mark through any statement that you do not agree with.

I agree for my child's full name to be recorded on the session register.

I agree to my child being included in photos taken by KICK staff during the sessions.

I agree to my child being included in videos filmed by KICK staff during the sessions.

I agree for photos to be used in my child's portfolio of work if applicable.

I agree for photos of my child to be used in another child's portfolio of work if applicable.

I agree for video of my child to be used in my child's portfolio of work if applicable.

I agree for video of my child to be used in another child's portfolio of work if applicable.

I agree for my child's first name to appear in another child's portfolio of work.

I agree for my child's photo to appear on the KICK website.

I agree for my child's photo to appear on the public KICK Facebook page.

I agree for my child's photo to appear on the public KICK Twitter page.

I agree for my child's photo to appear on printed advertisement.

I agree for my child's first name to appear in newspaper articles and social media articles.

I agree for my child's photo to be used in future funding bids.

I agree for my child's photo to be used in reports submitted to funders.

I am happy for you to hold information regarding my child's ethnic origin.

I am happy for KICK to share relevant information with partner agencies and centres such as Cambridgeshire County Council staff and outdoor learning centres, school, doctors and emergency services.

Young Person name:

Parent/carer name:

Parent/carer signature:

Date: