

KICK Roots youth club at The Bridge Church, 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 take part in positive activities.

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,

Eve Richards KICK Project Coordinator Phone: 07593360893 Email: eve@kickyouth.org



	to attend KICK Roots Youth Club at The pleted membership form so that you will be able to
Please print your name	<u>.</u>
Relationship to young person	<u>.</u>
Emergency contact number	<u>.</u>
Signed _	<u>.</u>



Club/Project: KICK Roots Youth Club

Name:	Date of birth:		
Address:			
Post Code:	Email:		
Home telephone:	Mobile (young persons):		
Are you ☐ Female ☐ Ma	ale		
How would you describe you	rself?		
☐ Asian/Asian British – Banglad Pakistani	deshi 🗆 Asian/Asian British – Indian	☐ Asian/Asian British -	
☐ Asian/Asian British – Other Caribbean	□ Black/Black British – African	☐ Black/Black British –	
☐ Black/Black British - Other ☐ Mixed - White Black African ☐ White - Irish		☐ Mixed – White/Asian☐ White – British☐ rovided	
☐ Gypsy Heritage Traveller	☐ Romany Heritage Traveller	□Irish Heritage Travelle	
Would you describe yourself		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 w	e contact?		
Name:	Relationship to you (Mother, Uncle, etc)		
Telephone:	Mobile:		
ny medical ondition/information we might need to know?			
Are you already registered a	s a member on another youth work programme?	P □ Yes □ No	
Please list any other clubs or groups you go to:			
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



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 m	y child being	included in	photos taken by	KICK staff	during the s	essions.

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 if applicable.

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 the public KICK instagram 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 emergence services.
Young Person name:
Parent/carer name:
Parent/carer signature:
Date:



Covid-19 guidelines

We are really pleased that we are able to return to our face to face youth groups. In order to keep everyone involved safe we are asking the following;

- We will provide hand sanitizer at every meeting and encourage regular handwashing.
- No young person is to come to any meeting if they or anyone in their immediate family are feeling under the weather or experiencing any symptoms of Covid-19 or isolating due to contact, please see the links: https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/ https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-andtreatment/when-to-selfisolate-and-what-to-do/
- If anyone in your family or your young person experiences any symptoms within 48 hours of being at a KICK session then you MUST inform the worker in charge of that group.

Young Person name:	
Young Person signature:	
Parent/carer name:	
Parent/carer signature:	
Date:	

How we use your data: KICK use your data to ensure we are providing the best possible service to the young people and families we work with. We keep your data securely on password protected computers for 2 years after which time we safely dispose of your information. Amy information used for the purposes of evaluation is not able to be traced back to an individual person.