

KICK Drop-in, The Loft at The Bridge Church, St Ives.

The KICK drop-in runs weekly for young people aged 15-19.

The drop-in is on every Tuesday 7.30-9pm (term-time only) and there is no charge to participate. It is run by members of KICK staff and volunteers, all KICK staff and volunteers have enhanced DBS checks.

The drop-in will offer young people the opportunity to meet new people and take part in positive activities. It will also 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 child to attend by signing the attached forms. 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: 07593 360893
Email: eve@kickyouth.org



I give consent for _____ to attend KICK Drop in at The Bridge Church. 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 Drop-in

Name: Date of birth:

Address:

Post Code: Email:

Home telephone: Mobile (young persons):

How would you describe your gender?

☐ Female ☐ Male ☐ Non-binary/third gender ☐ Prefer not to say

☐ Prefer to self describe

How would you describe your ethnicity?

- | | | |
|--|--|--|
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Asian/Asian British – Pakistani |
| <input type="checkbox"/> Asian/Asian British – Other Caribbean | <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> Black/Black British – Other |
| <input type="checkbox"/> Black/Black British – Other | <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed – White/Asian |
| <input type="checkbox"/> Mixed – White Black African | <input type="checkbox"/> Mixed – White/Black Caribbean | <input type="checkbox"/> White – British |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> White – Other | <input type="checkbox"/> Not provided |
| <input type="checkbox"/> Gypsy Heritage Traveller | <input type="checkbox"/> Romany Heritage Traveller | <input type="checkbox"/> Irish Heritage Traveller |

Would you describe yourself as having a disability? ☐ Yes ☐ No

What school do you/did you attend?

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?

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

Please list any other clubs or groups you go to:

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 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 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/X 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 emergency services.

Young Person name:

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. Any information used for the purposes of evaluation is not able to be traced back to an individual person.

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-and-treatment/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: