

Stepping Stones

Registration Form



If you are under the age of 16 and participating in the Stepping Stones project, this form should be completed by a parent or legal guardian. If you are 16+ you may want to complete this form on your own behalf. This form covers all 1 to 1 sessions and group activities relating to the project. Separate consent forms may be required for trips and away days. Please inform us if the information on this form changes at any time.

Young Person's details:		
Name:	Date of birth:	Gender:
Name of school (if attending):		Class/year:
Home address:		
Tel home:		Tel mobile:
Email:		
I consent to being contacted by <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> text in relation to Stepping Stones and any other events and offers available to me.		
Parent/Guardian details:		
Name:		
Home address:		
Relationship to young person:		
Tel home:		Tel mobile:
Alternative emergency contact:		
Name:		
Relationship to young person: father		
Tel home:		Tel mobile:
Medical information:		
Does the child/young person have or have they recently had any health, behavioural or medical conditions we should be aware of? (please include allergies disabilities and learning difficulties)		Yes No
<i>If yes, please give details:</i>		

Does the child/young person take any regular medication(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
Are there any activities that the child/young person may not participate in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please give details:</i>	
Is there anything else about the child/young person that we would find helpful to know?	
Consent: <i>delete as appropriate</i>	
I consent to my child/young person participating in Stepping Stones activities.	Yes
I consent to this information be shared with Beyond Earlston who may contact me to share opportunities and to keep you updated with our newsletter	Yes
I consent to my child/young person to be transported for activities/trips out with the High School premises with a Youth Worker	Yes
I give permission for me / my child/young person to be photographed and/or filmed while participating in activities and for these images to be used in publicity material and/or in the media.	Yes

Name of young person or parent/guardian if under 16: _____

Signature: _____ Date: _____

Please note that personal information will be kept in accordance with the Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018). If you have a query about how your personal data is used and/or you wish to be removed from the mailing list at any time, please contact us.



Please return to:

Nicole Hume

Beyond Earlston Stepping Stones Project worker
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