Personal Details

Young Persons Information and Communication



To ensure that your child can take part in scouting safely, please provide the details below are correct and sign where necessary. The information you supply will be held in accordance with our Privacy Policy and only used for Scouting purposes until the Young Person leaves at which point it will be destroyed/deleted from our records.

Full Name of Scouter:_			D.O.B:	
Parents E-mail Addres	s:			
track of badge work an above information to so update your personal in use your E-mail (direct	nd attendance during et up an account on information as well a ly/ via OSM) as our p	g your Young OSM and se as consent to primary meth	Persons membershind you e-mails which upcoming events placed of updating you a	ersonal Information and to keep p at our Group. We will use the n will allow you to log in and anned by Our Leaders. We will about our programme, events at of your young person within
Please tick the boxes I	oelow if you would	like us to e-	mail you about any c	of the additional information:
☐ Changes to the	Scout Group	Group	Scout Council/ Execu	tive Committee Information
Group Develop	ment Plans	Newsle	etters	
purposes, we will only	use these in the wa , however we can n	y you have c	onsented below and	es are taken for publicity in accordance with The Scout aken by District, County, Parents
Local Newspapers Yes	No 🗌		Group, District or Co	ounty Newsletters No
Local Scouting Display Yes	s No 🗌		Group, District or Co	ounty Social Media & Websites No 🔲
telephone or any other	y for your son/daugh means to authorise e the Group Scout I	e this, do you Leader (or in	give general consent their absence a deleg	and you cannot be contacted by to any necessary medical gated Leader), to pass on ities. * No
Name of Parent/Guard	ian:			
Signature:		D	ate:	

^{*} The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor / nurse insisting on the consent of a parent to a particular treatment has the right to do so. At the same time it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by the medical authorities.

Gift Aid Declaration



Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. The details you provide below will be used by 1st Howden-le-Wear Scout Group to claim Gift Aid on your donation and is needed by HMRC to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:	
I want to Gift Aid any donations I make in the future or have made in the past 4 years to 1st Howde le-Wear Scout Group	en-
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amour Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.	nt of
My Details	
Title:	
First name or initial(s):	
Surname:	
Full Home address:	
Postcode:	
Signed: Date:	
Please notify the charity if your	

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

This information is kept for up to 7 Years after the end of the accounting year in which the last Gift Aid Claim was made, this is due to legal obligation to keep tax records for this long.