**Meet Up**

**Membership Information**

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| **MEMBER DETAILS (Required)**  ***(To be completed by parent / guardian if under 18 years)*** | | |
| **Name:** | **Date of birth:** | **Age:** |
| **Address:** | **Landline:** | |
|  | **Mobile:** | |
|  | **Under 18s only (Optional)**  **School attended:**  **School year:** | |
| **Postcode:** |
| **Email:** | | |
| **PARENT / GUARDIAN DETAILS Required (*If member is under 18 years )*** | | |
| **Name:** | **Relationship to child:** | |
| **Address:** | **Landline:** | |
|  | **Mobile:** | |
|  | **Work number:** | |
| **Postcode:** |  | |
| **Email:** | | |
| **EMERGENCY CONTACT DETAILS Required**  ***Please provide details of another over 18 adult that may be contacted in the event of an emergency.*** *By completing this you are* ***stating that you have their permission to share this information with us.*** | | |
| **Name:** | **Landline:** | |
| **Address:** | **Mobile:** | |
|  | **Work number:** | |
| **Postcode:** | **Relationship to member:** | |
| **Email:** | | |
| **ADDITIONAL SUPPORT (Optional)**  ***Please give information you wish to share with us of any professional agencies and adults currently supporting the member or family that you wish us to engage with.*** | | |
| **Name:** | **Agency:** | |
| **Job role:** | **Contact number:** | |

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| **HEALTH INFORMATION (Optional)**  This section is optional but we encourage you to **let us know** of any **important information** that will help us support you or your child whilst you are in our setting to keep you safe. **We only know what you tell us, so please think about what we need to know.** |
| **Please tell us about medical conditions we should be aware of to keep you / your child safe.**  **e.g. Epilepsy, nut allergy, asthma** |
| **Does the condition require you/your child to carry medication to our group (If so please tell us for your child’s safety and others): e.g. inhaler/Epi-pen (so we can help if they need assistance)** |
| **ADDITIONAL NEEDS (Optional)** |
| Are there any additional needs that you or your child has that we **should be aware of to provide appropriate support to them whilst at Meet Up? *e.g. ADHD, Autistic Spectrum Disorder, Global Development Delay etc. and any* Additional information:** Such as things that upset them and ways we can make it better for them? |
| Examples: *My child has Dyslexia, and can become upset if feels embarrassed while reading, please read information to them and try not to let others know. English is a second language for my child. My child has autism and struggles with new people. Will take time to settle and benefits from being introduced to new people gradually.* |

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| **EQUALITY & DIVERSITY (Optional)**  This section is optional so is your choice if you wish to complete or not. This helps us as we are required by our funders to provide this anonymous information to show we are meeting the needs of the local community. If you do not complete it will show in statistics as ‘prefer not to say’ | |
| **Ethnicity:** | **Gender:** |

**Membership, Privacy statement, Information**

**Sharing and Confidentiality Agreement**

Meet Up is committed to providing services that aim to give the best support possible for you and your family. In order to do this it is essential that we are able to record important information that will make it much easier for you / your child / your whole family to access our services and for us to do our job.

As part of your membership at Meet Up, we ask for you to provide us with information to enable us to work with you and others who also attend Meet up.

We keep a record of the membership form and enter this onto our database. This information is only accessed by relevant staff for the purposes of running and monitoring the service. We keep these records to enable us to contact you regarding a group you attend or about your child, but do not use these for marketing purposes and do not share this information with any third parties.

We also keep registers for activities, this enables us to plan future activities and monitor service attendance. We are required to provide statistics for our funders to show how we use the money they give us in the community. These are anonymised to be shared with our funders.

We may also have to keep a record if there is an incident at the setting such as the need for first aid or if there is a breach of the Meet Up rules that causes concern for the safety of you, other Meet Up users or staff. These will not be shared unless there is a legal reason for doing so e.g. Health and safety requirement, Criminal investigation of which you would be informed.

We will ask you for more details if you were attending a trip or residential with us to enable us to support you on the particular trip. However, we would only keep this information for the purpose of the trip and destroy when not required. For example, we may ask about night time medication which we would not need for Youth Club.

We will keep all information you give us secure, and we will not give it to any other service or organisation unless we think that there is a risk of harm to you/your child or others. We would tell you we were doing this unless there was a legal reason to prevent us doing so.

You may ask us to share some information with others who support you which we will always try our best to do, but only on your authorisation.

Your details are stored securely on computer and on file and will be kept for a maximum of 4 years after your support from Meet Up has ended (unless there are exceptional circumstances which require us to keep them longer, of which you would be notified).

You have the right to request to see what information we hold on you, please speak to a member of staff and they will support you in a way that works for you. You can also ask us to remove information we hold on you and destroy it, or change anything that’s not correct. We encourage you to keep your information up to date such as phone numbers in case we need to contact you urgently in an emergency about your child.

We do not use your information in any way other than you would expect us to provide you and your family with a safe place to meet others in your community.

The Benjamin Foundation work within Data Protection law and current regulations such as General Data Protection Regulations and the Data Protection Bill. We are registered with the ICO Z8712524 who regulate how data is safeguarded by organisations. If you have any concerns about how we process your data you can contact [dataprotection@benjaminfoundation.co.uk](mailto:dataprotection@benjaminfoundation.co.uk) our Data Protection Officer or contact the ICO directly [www.ico.co.uk](http://www.ico.co.uk).

**Under 18’s**

In the interests of your child’s safety and wellbeing we also ask your permission to request information regarding your child from our partner agencies, such as schools or children’s services; but only if and when there is a legitimate reason to do so to enable your child to safely access our service.

**Meet Up Rules**

In order to keep you/your child safe whilst being supported by Meet Up we expect the following rules to be adhered to: Absolutely No disrespectful or inappropriate language, swearing, bullying, inappropriate behaviour, drugs, alcohol, stealing or violence.

**Photography & Videos**

We are very proud of Meet up and we like to capture the activities we run. To do so we like to take photos of what we are doing and share them on our social media such as our Facebook page Thetford Meet Up.

We never identify anyone with their name but this does mean that they can be seen by others.

* Do you give consent for you / your child to be photographed or filmed during activities at Meet Up and to be shared and for them to be used on our Facebook page (Meet Up and The Benjamin Foundation), Instagram and Twitter accounts? **Yes No (Please circle)**
* Do you give consent for you / your child to be photographed or filmed during activities at Meet Up and to be shared in our evaluation reports to our external funders? **Yes No (Please circle)**
* Do you give consent for you / your child to be photographed or filmed during activities at Meet Up and to be shared and for them to be used by the press? **Yes No (Please circle)**

**You can change your mind later, just let us know.**

**Acknowledgement**

By signing this membership form, you are agreeing for you / your child to receive support from Meet Up provided by The Benjamin Foundation. You / your child agree to adhere to the Meet Up rules as outlined above. You are also declaring that you understand what information we collect, why we collect it and what you can do should you wish to update, amend or request deletion of your information. You have the right to withdraw your consent for us to store your details at any time; however we may not be able to remove all data if there is a legal reason we are not able to e.g. criminal proceedings.

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| **Name of member:** | **Date:** |
| **Signature of member:** | **Age:** |
| ***Signature of parent/guardian if under 18 years: (Required)*** | ***Relationship to member:*** |