## **GB** Joining Form (page 1 of 4)



Girls' Brigade, Cliff College, Calver, Hope Valley, Derbyshire, S32 3XG
Tel: 01246 582322 | Email: gbco@gb-ministries.org | Web: www.girlsbrigadeministries.org.uk
The Girls' Brigade England & Wales is a registered charity, number 206655, and a company limited by guarantee, number 206877

This form should be completed for all children and young people joining The Girls' Brigade. The form will assist us in collecting the information we need to ensure parents/guardians are fully informed and that we have all the information needed to ensure children and young people have a safe and enjoyable experience as they participate in GB activities. The information provided on this form by parents/guardians will be used to generate a profile on our Girls' Brigade Manager (GBM) database. Parents/guardians will be given access to this profile and will be able to edit their own and their child's data on GBM.

Personal details of young person:	
I agree that Girls' Brigade and the church a group belongs to can collect, sto activities, opportunities and marketing. Girls' Brigade won't share this inform required by law, a regulatory requirement or to safeguard a child or young tas long as is necessary for our operational needs.	nation without your consent, except in certain circumstances
Title: Name:	Surname:
Address:	
Postcode:	Date of birth: d d / m m / y y y y
Name of GB group:	
Ethnicity:  (This additional information will assist us in understanding the membership of the organisation could tick the appropriate box below to indicate your child's ethnicity)  White Asian/Asian British  Mixed/Multiple Ethnic Group Other Ethnic Group	Black/African/Caribbean/Black British  Prefer not to say
Signed:	Date: d d / m m / y y y y
Personal details of parents/guardians (Primary Contact 1):	
Title: Name:	Surname:
Address:	
Postcode:	
Telephone number:	Mobile number:
Email:	
Signed by parent/guardian:	Date: d d / m m / y y y y



## **GB** Joining Form (page 2 of 4)

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Personal details of parents/guardians (Primary Contact 2 – only to be completed if two	parents would like separate access
to their child's profile on our database):	
Title: Name: Surname:	
Address:	
Postcode:	
Telephone number: Mobile number:	
Email:	
Signed by parent/guardian:  Date: d d	/ m m / y y y y
Medical details of young person:	
Name, address and telephone number of GP:	
Details of any medical condition, allergies or special diets that leaders should be aware of (including any medication)	n that may be needed whilst at GB):
Details of any particular/additional needs your child has of which we should be aware:	

## **GB** Joining Form (page 3 of 4)



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Girls' Brigade needs your child's sensitive information to make sure that we look after their well-being when taking part in GB's activities. GB respects personal privacy and only GB leaders and the church the group belongs to, on a need to know basis, will see the information you give. We won't share information with third parties without asking you, except in certain circumstances required by law, a regulatory requirement or to safeguard a child or young person.	
When your child's membership becomes inactive we'll archive the information in line with our data protection policy. You have the right to ask for a copy of all data we hold about your child. This is known as a subject access request (SAR). You also have the right to withdraw your consent for us to use any data or to ask us to stop using data, which we have to comply with within a reasonable period.	ıe
I agree to GB and the church the group belongs to collecting, storing and using the sensitive information I have provided.	
Signed by parent/guardian/GB member (if 16 or over):	
Date: d d / m m / y y y y	
	_
Authorisation:	
Do you give permission for images (photographs/videos) of your child engaged in GB activities to be used for publicity purposes by the local GB group and GB nationally (church magazine, GB magazine, local newspaper, social media, GB website etc.)? Care will be taken to ensure that names of individuals are not given out.	
Yes No	٦
I certify that the above information is correct to the best of my knowledge and undertake to notify the leader in charge of any changes. I give permission for my child to attend and take part in the group's normal activities and outings.	_
I authorise the leaders and first aiders at this activity to give permission for my child to receive any emergency dental, medical consumptions treatment, including anaesthetic, as considered necessary by the medical authorities present.	r
Signed by parent/guardian:  Date: d d / m m / y y y y	
Emergency contact:	
Provide name and contact details of someone who will be contactable during the group's normal activities and outings.	
Contact one:	_
Title: Name: Surname:	╛
Address:	
	╛
Postcode: Relationship:	
Telephone number: Mobile number:	$\bar{1}$
Email:	٦
I agree to GB collecting and storing this data in order to contact me in the event of an emergency concerning the GB member this form is for.	_
Signature: Date: d d / m m / y y y y	



## **GB** Joining Form (page 4 of 4)

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For leaders' use:																					
Received:	d	d	/	m	m	/	У	у	у	у	Updated on GBM:	d	d	/	m	m	/	у	у	У	у
Notes:																					
																			June .	2021	(V3)