Use BLOCK CAPITALS. * Must be completed

NOTE TO PARENT/GUARDIAN: PARENT MUST COMPLETE WHERE MARKED * -COMPLETE REST IF WISHED-RETURN TO RECO

BRYR REGISTRATION AND CONSENT FORM

PREFER TO FILL ON PHONE? – JUST SCAN THE QR CODE ON RIGHT HANDSIDE- AND COMPLETE THIS FORM THROUGH YOUR PHONE INSTEAD.

BRYR RECO REGISTRATION FORM

BRYR, as a youth service, collect and store certain data for following reasons

- **To record and demonstrate our work in an effec way.**
- **To allow BRYR to access contact details for service users should an emergency occur**
- **To meet Funders reporting requirements.**
- **To comply with our legal & statutory obligations.**

BRYR complies with GDPR (General Data Protection Regulation 2018) in our processing, storing and retention of your personal data.

https://forms.office.com/e/DUcFhszXpw

Further details are available on our website page www.bryr.ie/dataprotection

Note: This form covers consent for the core activities of BRYR. We will seek specific consent for special activities.e.g. Trips, residential trips, summer programme activities, special activities.

1. Young Person's General Information

***First name:**_____ ***Last Name :** _____

* **Gender** (tick box) Male ☐ Female ☐ Prefer to self describe gender ☐

Please specify (if wished)_____ _____

* **Date of Birth (dd/mm/yyyy):** ____ _____/_____ _____/_____ _____

(*if DOB of child is in 10-12 age group, proof of age must be shown to BRYR Staff at registration)

Mobile Phone: _____ Home Phone :_____

Email address:_____ School Name: _____

HOME Address:_____

2. Head of Household (Parent/Guardian)/Emergency Contact Information

***Parent Full Name**_____ **Relationship to Young Person** _____

* **Parent/Guardian Ph. No:**_____ **Parent/Guardian Ph. No 2:** _____

Parental Email address:_____

_____

4. Young Person's Medical Notes Information in this section is treated as sensitive personal data under GDPR – BRYR Require this information in order to ensure the safety and wellbeing of young people attending our service.

1.Medical Conditions	2.Medications	3.Extra Needs

Use BLOCK CAPITALS. * Must be completed

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4.Allergies	5.Food Allergies	6.Other

5.* Medical Treatment Parent/Guardian Consent: Do you give permission for the above named person to have first aid and/or medical treatment by a professional in case of emergency or if you cannot be contacted.
(Tick one): YES ☐ or NO☐

***6. Consent and signature area (Please refer to our Privacy Statement @ www.bryr.ie)**

1.Do you give your consent for the above named young person to be part of **Video/photographic/sound recordings** for evaluation or promotion of BRYR work internally and externally via social media?	**YES** ☐ **OR NO** ☐
2.Do you give your consent to be contacted directly via **SMS/Mobile messaging**?(BRYR sending informational text messages to both Parents & Young People)	**YES** ☐ **OR NO** ☐
3 . Do you consent for bryr youthworkers to communicate and work with your young person using **our online apps**? (In recent times BRYR has started to use online apps to communicate and work with young people.)	**YES** ☐ **OR NO** ☐

Statement: **I certify that the above statements are true and that the person named above is permitted to be registered with BRYR and to take part in activities of BRYR.**

***Signature of head of household (Parent/Guardian)** _____

***Date signed:** ____ ____ / ____ ____ /____ ____ ____ _____

--------Office Use only below---------- **PAGE 2 OF 2**

1. INPUTTED TO CRM? (Y/N): ____ 2.INPUTTED BY (staff member name): _____

3. IF CHILD BETWEEN AGE 10-12- DID STAFF MEMBER SEE PROOF OF AGE? - Y/N: _____