



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

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

- To record and demonstrate our work in a systematic way.
- To provide BRYR with contact details for service users should an emergency occur
- To meet Funders reporting requirements
- To adhere to our legal & statutory obligations

BRYR adheres to the GDPR (General Data Protection Regulation 2018) in our processing, storing and retention of your personal data. Further details are available on our website page [www.bryr.ie/dataprotection](http://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: \_\_\_\_\_

( Tick one) Is Parental Address the same as Young person’s above

: YES  or NO  (If NO, enter address below)

\*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

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

**BRYR REGISTRATION AND CONSENT FORM**

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)**

<b>1.Do you give your consent</b> for the above named young person to be part of <b>Video/photographic/sound recordings</b> for evaluation or promotion of BRYR work internally and externally via social media?	YES <input type="checkbox"/> OR NO <input type="checkbox"/>
<b>2.Do you give your consent</b> to be contacted directly via <b>SMS/Mobile messaging?</b> ( BRYR sending informational text messages to both Parents & Young People)	YES <input type="checkbox"/> OR NO <input type="checkbox"/>
<b>3.Do you give your consent to</b> BRYR to <b>retain both personal and sensitive data on our secure CRM</b> (Client Management System) in relation to the above named young person?	YES <input type="checkbox"/> OR NO <input type="checkbox"/>
<b>4.Do you consent to BRYR's use</b> of anonymized data for specific purposes i.e. research studies, evaluations and reports?	YES <input type="checkbox"/> OR NO <input type="checkbox"/>
<b>5. Do you consent for bryr youthworkers to communicate and work with your young person using our online apps?</b> (In recent times BRYR has started to use online apps to communicate and work with young people.)	YES <input type="checkbox"/> OR NO <input type="checkbox"/>

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: \_\_\_\_\_