**A group of people holding hands

AI-generated content may be incorrect.**A logo with text and a symbol

AI-generated content may be incorrect.**Registration Form Young Peoples’ Groups**

**This form needs to be completed and signed by a parent, carer or guardian *and* the young person.**

|  |  |  |  |
| --- | --- | --- | --- |
| Young person’s name: |  | Young person’s DOB: |  |
| Does the young person have any allergies: |  | Young person’s postcode: |  |

**Which two people can we contact in an emergency? e.g., parents/carers. They must be adults over 18 years of age.**

|  |  |  |
| --- | --- | --- |
| Name of person  (eg. John Smith) | 1 - | 2 - |
| Relationship to you  (eg. Dad) |  |  |
| Their home telephone number |  |  |
| Their mobile telephone number |  |  |

**Under 18s only**

Our groups are designed so that young people are free to arrive and leave when they want to, and they feel comfortable and relaxed in a space that is theirs. **IF t**he young person cannot leave on their own and needs to wait for an adult to collect them, you must tell us here. You must also tell us who will be collecting them.

The young person named above: can leave on their own. **OR** cannot leave on their own.

They will need to remain in the building until collected by

If they cannot leave on their own I understand it is my responsibility to arrive early if needed and be contactable at all times.

Signature of parent or responsible person:

Photographs and filming might take place when taking part in AIM activities for promotional, recording and reporting purposes.

**I give permission for AIM to use photos of me for reporting in their internal records Yes No**

**I give permission for AIM to use photos of me for promotion inc. social media Yes No**

Young person’s signature: Date:

Name of person completing form and contact details if different from above:

|  |  |
| --- | --- |
| **Name** |  |
| **Contact number** |  |
| **Email** |  |
| **Signature** |  |

The information on this form contains ‘sensitive’ personal data. AIM will keep this information safe and will not share it with anyone else, unless required to by law or in an emergency. We use the information on this form for our own registration records, and to provide you with information about our groups and events. We are funded by other organisations and provide anonymous information to them. This data does not identify any people. We may tell them how many people have attended our groups and what age they are, or what area they live in for example. We will keep your information while you are a member of AIM and then for 12 months. We will check with you that your information is correct.

**Name: About Me**

|  |  |
| --- | --- |
| **Can you teel us about any diagnosis or medical condition that you have. It is important that you know, we cannot help you with medication or personal care.** |  |
| **What are the top 3 things we need to know to support you?** |  |
| **What helps you to feel safe when you are worried upset or anxious?** |  |
| **What do we need to know about how you communicate?** |  |
| **Is there anything we should avoid doing, saying or talking about** |  |
| **Is there anything that you enjoy doing, or talking about?** |  |

**EXAMPLE**

**Name: About Me**

Sam Jones

|  |  |
| --- | --- |
| **Can you teel us about any diagnosis or medical condition that you have. It is important that you know, we cannot help you with medication or personal care.** | I am autistic and have dyslexia. I use a blue inhaler for my asthma. |
| **What are the top 3 things we need to know to support you?** | I find it hard when lots of people are talking at the same time  I don’t like talking in big groups of people,  When I get anxious, I shut down |
| **What helps you to feel safe when you are worried upset or anxious?** | Talking to me calmly. Don’t put pressure on me. Give me time and space. I like to do colouring in. |
| **What do we need to know about how you communicate?** | I can talk ok but I don’t like talking talking in front of other people. It takes me time to build confidence. Give me choices I can point at or some other way of indicating what I want, or let me whisper to one person |
| **Is there anything we should avoid doing, saying or talking about** | Don’t make me speak in front of everyone. Don’t make jokes that involve me, I don’t like feeling like everyone is laughing at me. I get upset hearing about children and animals that have been hurt. |
| **Is there anything that you enjoy doing, or talking about?** | I love animals and art. I like to colour and paint. |