|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***DATA PROTECTION***  *This form is used to collect information about your young person for the purpose of the event named below, this is to be used by the section leadership team only. As part of this form we collect personal data about your young person. This detail is required so that we can register them for the event. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We may share your personal data in this form with third parties, for event registration. These third parties are used on the basis that they align with our data privacy policies. We take your personal data privacy seriously. The data you provide to us is securely stored* *[based on local arrangements] and will be kept for 2 months after the event for any queries that arise before being securely destroyed. For further detail please visit our Data Protection Policy* [*available at scouts.org.uk.*](https://scouts.org.uk/media/980616/Data-protection-Policy-v20-Oct-2018.pdf)*.*  Please keep this top section for your own information. Return the bottom section to the organiser. | | | | | |
| Event: | Autumn camp | | | | |
| **Date:** | 14/10/21 | | | **Location:** | TMB Campsite, Thetford |
| **Meeting place and time:** | | TMB Camp site 6pm on 14th October | | | |
| **Collection place and time:** | | TMB Camp site 12 midday on 16th October | | | |
| **Cost** | | £50 – please use OSM if possible | | | |
| **Transport details:** | | Please provide your own transport to the site | | | |
| **Activities:** | | Hiking, gadget making, cooking over fires, wide games, climbing wall, rifle shooting | | | |
|  | | |  | | |
| **Organiser and contact details:** | | | Graham Hughes 07791 526123 | | |
| **Contact details during the event:** | | | Graham Hughes 07791 526123 | | |

**Note:** All activities will be run in accordance with The Scout Association’s safety rules. No responsibility for personal equipment/clothing and effects will be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.

Please complete and return this section to: Graham Hughes by 19/09/22

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Event: | 13th Cambridge Autumn Camp | | | | | | | | |
| **Name of young person:** | | | |  | | | | **D.o.B:** |  |
|  | | | | | | | |  | |
| **Emergency contact:** | | |  | | | | **Phone:** |  | |
| **Cost** | | | | £50 | | | | | |
| **Doctor’s name and contact details:** | | | | | | **Details of any medications currently being taken:** | | | |
|  | | | | | |  | | | |
| **Details of any disabilities, medical conditions, allergies, additional needs or cultural needs that organisers might need to be aware of:** | | | | | | **Details of any infectious diseases they have been in contact with in the last three weeks:** | | | |
|  | | | | | |  | | | |
| Please pay on OSM if possible. If not, please provide cheque / cash for £50, payable to 13th Cambrige Scout Group  I have noted the arrangements above and agree to the named young person taking part. | | | | | | | | | |
| **Signed:** | |  | | | | | | **Date:** |  |
| **Relationship to young person:** | | | | |  | | | | |
|  | | | | |  | | | | |