If you are under 16 and taking part in the Stepping Stones project, this form should be completed by your parent or legal guardian. If you are 16+, you can complete this form yourself. This form covers one-to-one sessions and group activities relating to the project. Separate consent forms may be needed for trips. Please inform your project worker if the information on this form changes at any time.

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| --- | --- | --- | --- | --- | --- | --- |
| **YOUNG PERSON DETAILS:** | | | | | | |
| Name: | Date of birth: | | Gender: | | | |
| Name of school (if attending): | | | Class/year: | | | |
| Home address:  Postcode: | | | | | | |
| Tel home: | Tel mobile: | | | | | |
| Email: | | | | | | |
| I consent to being contacted by; Email  Text Video Call Social Media  in relation to Stepping Stones. | | | | | | |
| **PARENT/CARERS/GUARDIAN DETAILS:** | | | | | | |
| Name: | Relationship to young person: | | | | | |
| Home address: | | | | | | |
| Tel home: | Tel mobile: | | | | | |
| We encourage parents/carers/guardians to accompany the young person to their initial meeting with the Project Worker. This is a chance to get to know the Project Worker, understand the project in more detail and ask any questions. Do you (parent/carer) wish to attend the initial meeting with your young person? | | | | | | Yes No |
| **ALTERNATIVE EMERGENCY CONTACT:** | | | | | | |
| Name: | Relationship to young person: | | | | | |
| Tel home: | Tel mobile: | | | | | |
| **MEDICAL INFORMATION:** | | | | | | |
| Have you or has your young person had a tetanus injection within last 10 years? | | | | | Yes No | |
| Have you or has your young person got any health or medical conditions? (please include disabilities and learning difficulties) | | | | | Yes No | |
| *If yes, please give details:* | | | | | | |
| Do you or does your young person take any regular medication(s)? | | | | | Yes No | |
| *If yes, please give details:* | | | | | | |
| Are you or is your young person allergic to any foods or medicines (including plasters)? | | | | | Yes No | |
| *If yes, please give details:* | | | | | | |
| Are there any activities you or your young person may not participate in? | | | | | Yes No | |
| *If yes, please give details:* | | | | | | |
| Is there anything else that we would find helpful to know? | | | | | | |
| **CONSENT:** | | | | | | |
| I consent or I give consent for my young person to participate in Stepping Stones activities. | | | | Yes No | | |
| I consent or I give consent for my young person to receive basic first aid from trained youth workers. | | | | Yes No | | |
| In the event of an emergency, I give consent to youth workers telephoning 999 and to any treatment considered essential for me or my young person. | | | | Yes No | | |
| I give permission for my under 16 young person to sign out during a session and leave unattended if they chose to. | | | | Yes No | | |
| I consent or I give consent for my young person to have photographs taken and/or filmed while participating in activities and for these to be used in publicity material and/or in the media. | | | | Yes No | | |
| I consent or I give consent for anonymous case studies to be developed and anonymously shared with funders and key stakeholders in relation to evaluating the impact of the overall Stepping Stones Project. | | | | Yes No | | |
| I consent or I give consent for my young person’s progress, achievements and learning to be recorded by the Project Worker in a secure personal planning database, and for this data to be anonymised for the purposes of evaluating the impact of the Stepping Stones Project. | | | | Yes No | | |
| Information sharing is part of the national Getting it Right for Every Child Policy. I consent or I give consent for my youth worker to share appropriate and proportionate information with other professionals in regards to supports and services which promote, support or safeguard the young person’s wellbeing (other youth organisations, social work, police, health, school etc.). We will inform you/the young person before sharing information, however this may not happen in exceptional cases, such as were there is a concern for a young person’s safety. | | | | Yes No | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |