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Family Information Form

To help your child's leader please provide the following details:

Contact Information

Child's name

Gender: M/F.....

Date of birth:

Religion :.....

Ethnicity:

Address

Post Code

Primary contact:

Name:.....

Tel:

Email:

Partner contact:

Tel:

Email.....

Further Information

Can your child swim? Yes__ No__

Medical Information:

Doctors Name:

Surgery :

Address:

Tele No:

Please list any medical conditions, allergies or special requirements your child has

Any dietary requirements your child has:

Make your gift do more. By ticking here, you will increase the value of all the donations and subscriptions you have made for the past four years, and all future donations until you notify us otherwise. To qualify for Gift Aid, you must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) reclaim for that tax year (currently 25p for each £1 you give). Taxes such as VAT and Council Tax do not qualify.

Parents / guardians could read the passages below and sign if in agreement.

I give permission for photographs or videos to be taken of my child whilst taking part in Scouting activities and for photographs to be displayed in the meeting place and on the Groups website and Social Media accounts to positively promote Scouting and publicise the Scout Group.

YES NO

I understand that the Section Leaders cannot be held responsible for photographs taken at public events or places.

I understand that The Scout Association and 1st Marldon Scout Group will store this personal information on this and other forms in accordance with appropriate data retention policies and the General Data Protection Regulation. Your information will not be shared outside of The Scout Association. A link to the Groups privacy policy follows: www.1stmarldon.scoutsuk.org/g-d-p-r-policy

You are able to request a review of the data held. In signing this form, you give the group permission to use your data, specifically your email address to keep in contact with you. We value your privacy and will never share your details with a third Party. You have the right to decline this permission. Please speak to the Group Scout Leader for more information

Please sign & return this Form to your Child's leader.

Name Relationship to Child

Signature.....Date...../...../.....

