

# BRECKLAND YOUTH ADVISORY BOARD MEMBER REGISTRATION FORM

We are delighted to welcome you to Breckland Norfolk Youth Advisory Board. To ensure we have your correct contact details, Please fill out this form and either hand it to Anita Beckett or email to [anita.beckett@benjaminfoundation.co.uk](mailto:anita.beckett@benjaminfoundation.co.uk)



The Benjamin Foundation

All prospective members of BRECKLAND YAB are required to complete this registration form. All details will be kept in a secure database and filing cabinet with access restricted to authorised staff only. Any confidential information provided will only be shared with permission of the individual concerned except where it is a requirement of the law, i.e. Safeguarding.

## SECTION 1: MEMBER CONTACT INFORMATION

<b>FULL NAME</b>			
<b>ADDRESS 1</b>		<b>DATE OF BIRTH</b>	
<b>ADDRESS 2</b>		<b>HOME PHONE</b>	
<b>TOWN</b>		<b>MOBILE</b>	
<b>POST</b>		<b>EMAIL</b>	

Please be aware that the e-mail address you provide will be included in a BRECKLAND Youth Advisory Board Contact Group and that contact numbers may be shared with our approved taxi companies if you use the taxi services provided..

## SECTION 2: MEMBER INFORMATION

<b>STUDENTS:</b> What school/college do you attend? What do you study?	
<b>NON-STUDENTS:</b> What is your occupation?	
<b>SKILLS and QUALITIES</b> What will you bring to the Breckland?	
<b>WAYS of LEARNING</b> Do you have any learning differences, needs or preferences that you would like us to be aware of?	

## What interests you about the YAB and which role/s would you like to participate in:

(please tick)

- Research
- Quality Assurance Visits
- Interviews and Recruitment
- Attending Meetings – Young Commissioners, Full Board
- Developing Confidence and leadership skills
- Awarding Grants
- Residential Trips

Comments: \_\_\_\_\_

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**SECTION 3: MEDICAL INFORMATION & CONSENT** (To be completed by PARENT or GUARDIAN if under 18)

In case of emergency ALL YAB members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised staff only. Please remember to update us if this information changes.

<b>EMERGENCY CONTACT</b>		<b>RELATIONSHIP</b>		<b>MOBILE PHONE</b>	
<b>DOCTORS NAME</b>		<b>SURGERY</b>		<b>PHONE</b>	
As far as you are aware, are you allergic to any drugs? (Please state)					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
Declaration: I consider myself (my son/daughter) capable of full participation and agree to notify the YAB of any changes to the medical information and emergency contact provided. Furthermore, in the event that I or my son/daughter is injured I give permission for the staff at Breckland YAB to obtain emergency medical treatment on my/their behalf.					
<b>SIGNED</b>		<b>DATE</b>		<b>(RELATIONSHIP)</b>	

**SECTION 4: MEMBER CONSENT (\*\*IF UNDER 18 TO BE COMPLETED BY PARENT/GUARDIAN\*\*)**

It is a requirement that parental consent is provided for participation, transportation and photography. Please delete as appropriate where indicated by a \* then sign and date at the bottom.

**PARTICIPATION:** I hereby consent to my son/daughter being a member of the Breckland Norfolk Youth Advisory Board, attending meetings, training and visits as appropriate to the work of the board. I understand that while involved he/she will be under the care of the group leader and/or other adults approved by the Benjamin Foundation and that, while the staff in charge of the group will take all reasonable care of the young person, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter during, or as a result of, the activity.

**TRANSPORTATION:** I consent to my son/daughter\* travelling to venues for meetings and visits by transport provided by the Breckland YAB which may include travelling in the private cars of staff members, mini bus or taxi's.

**PHOTOGRAPHY:** I grant permission to The Benjamin Foundation, their agents, successors and assigns, for the use of my son's/daughter's likeness and/or voice by any recorded means for example, but not limited to, still photography, motion film, digital, video or audio tape for present and future publicity and programme purposes. I grant The Benjamin Foundation the right to publish and/or display the likeness and/or voice of my son/daughter at its sole discretion in association with any future use, reproduction, distribution and/or sale of the above-mentioned images. I hereby release The Benjamin Foundation from any liability pertaining to the use of the name, likeness and/or voice of my son/daughter.

I understand that the permission given herein is royalty free; I will receive no payment of any kind in return for my participation in the above-mentioned production. It is further understood that the use authorised herein is granted for all media, in perpetuity and throughout the universe. It is further understood that nothing herein obliges The Benjamin Foundation to include my likeness and/or voice in any publicity or programme. Nothing herein may be construed to make me an agent of The Benjamin Foundation. **If it is given, you may remove your photo/film permission at any time by contacting The Benjamin Foundation 01603 615670 / [info@benjaminfoundation.co.uk](mailto:info@benjaminfoundation.co.uk)**

<b>SIGNED</b>		<b>NAME (Print)</b>		<b>DATE</b>	
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RELATIONSHIP (if  
under 18)