

**PERSONAL DETAILS**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)  
\_\_\_\_\_ (Mobile)

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PPS NUMBER: \_\_\_\_\_

**MEDICAL DETAILS**

MEDICAL CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

DO YOU HAVE ANY ILLNESS? E.g. ASTHMA, DIABETES, EPILEPSY, ETC.

YES  NO

IF YES, WHAT ILLNESS \_\_\_\_\_

ARE YOU ON ANY MEDICATION?

YES  NO

FAMILY DOCTOR: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

**BANK DETAILS**

BANK BRANCH: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

SORT CODE: \_\_\_\_\_

NOTE: Two passport photos are required for identification purpose. Please leave into the school office.

Please note young people on the Youthreach Programme will be expected to attend trips and other physical activities connected to the Youthreach programme.  
i.e. Sport and Self-Defence activities, canoeing, archery, bowling, etc.

- ***Please note that should any student be involved in any serious incident (e.g. Violent/aggressive behaviour towards another young person or member of staff). They will be suspended immediately. They will be requested to attend a meeting in Youthreach and should the young person wish to return to Youthreach they will be obliged to meet with an independent mediator to discuss their behaviour.***

**PARENT/GUARDIAN PERMISSION**

I DECLARE THAT ALL THE INFORMATION RECORDED ON THIS SHEET IS TRUE AND ACCURATE

SIGNED: \_\_\_\_\_

I GIVE PERMISSION FOR \_\_\_\_\_ (STUDENT NAME)  
TO PARTICIPATE IN ALL ACTIVITIES ORGANISED BY YOUTHREACH IN  
20\_\_\_/20\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

YOUNG PEOPLE MAY ONLY LEAVE THE BUILDING DURING BREAK TIMES 11.00 – 11.20  
AND LUNCH TIME BETWEEN 12.50 – 1.30 WITH PERMISSION FROM THEIR PARENTS/GUARDIANS

I GIVE PERMISSION

I DO NOT GIVE PERMISSION

SIGNED: \_\_\_\_\_  
PARENT/GUARDIAN

DATE: \_\_\_\_\_