*Course/Activity:* Click or tap here to enter text.*…………………..……………………*

Under 16’s Activity Pre-Booking Form

# How we will use the information in this form:

# This activity is provided by Brighton & Hove City Council. We are responsible for collecting and managing your information in line with the UK Data Protection Act 2018. We take your privacy seriously, and as a “Data Controller” must ensure you know how we will use and store your information.

**Why do we ask you for this information?** The information you give us will be used to manage your safe participation in our activities and ensure we can respond to any emergencies quickly. We also use the information to learn about the impact of our activities and ensure our activities are accessible to all.
Whilst participation in this activity is a matter of your consent, if your children do participate, certain data about them will need to be recorded and used in order to meet obligations we have to their safety and wellbeing and if necessary to meet their medical needs. The lawful basis for this in Data Protection law is GDPR Article 6(1)(c) [Legal Obligation] and Article 9(2)(g) [Substantial Public Interest]. The data will then need to be held for a period following the activity in order that we remain accountable for keeping your children safe.

**COVID Test and Trace:** In running this event, the council is obliged to comply with the obligation to contribute to the national covid-19 Test and Trace effort. In the even that a participant in the event is shown to have been infected during their participation, participation data will be provided to national Test and Trace to help contain the spread of the disease.For more information about how data is used for Test and Trace, please refer to the privacy notice at this address:
<https://www.brighton-hove.gov.uk/testandtraceprivacynotice>

**How do we store your information?** Your information will be held securely by the activity leader whilst you are attending the session. We will also copy the information into Upshot (a secure online database provided by Football Foundation Trading Limited) and keep a digital copy of the form. Your data will be held for three years from the date of your last attendance at our activities or until the age of 21 if you are aged under 18.

**Will my information be used for marketing purposes?** We will not send you any marketing information unless you have told us you would like to receive it. If you would like to receive e-mail communications (about our other services, activities or feedback surveys), we will share your name and email address with Mailchimp (an online e-marketing service used to send you these emails). You can unsubscribe from marketing and surveys at any time, by contacting us on 01273 294589 or email healthylifestyles@brighton-hove.gov.uk or following the instructions in the information sent to you.

**Will we share your personal information with anyone else?** Sometimes we have agency staff or other external organisations delivering activities on our behalf. We share this information with them to help them to manage these activities safely. We will not share your information with any other organisations without your permission. We will use information in this form to create reports to our funders about the numbers of people attending our activities; however, you will never be personally identified in these reports.

**Do you have further questions on how we use your information?** If you would like to talk to us about the information, we collect please contact our Data Protection Team on 01273 295959 or email data.protection@brighton-hove.gov.uk

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|  |  | **Acknowledgment of Personal Data Use:** |
| I confirm that I have the read the privacy notice on the front page and understand that the data provided will be used to keep my children safe and look after their wellbeing. I also understand that during this time of pandemic, the council is obliged to contribute data to the national test and trace effort if it appears that a participant in the programme may have been infected. **Safety at this activity:** During this activity your child will be undertaking physical activity that may increase their breathing or heart rate. Please sign below to confirm:* I will inform the activity leader of any health conditions my child may have which limit or prevent their ability to safely participate in this activity and will notify the activity leader if this changes.
* I will inform the activity leader of the location of any relevant emergency medication (*e.g.* Inhaler or Epi-pen) my child might need.
* I consent for my child to take part in this activity under the supervision and instruction of Brighton & Hove City Council entirely at my own risk.

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| **Signature:** | Click or tap here to enter text.  | **Date:** | Click or tap here to enter text.  |

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| **1:** |  | **Your Child’s Details:** |

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| --- | --- | --- | --- |
| First Name: | Click or tap here to enter text.  | Surname: | Click or tap here to enter text.  |
| Date of Birth: | Click or tap here to enter text.  | School (current): | Click or tap here to enter text.  |
| Address: | Click or tap here to enter text.  |
| Postcode: | Click or tap here to enter text.  |
| Contact Number: | Click or tap here to enter text.  | Email Address: | Click or tap here to enter text.  |
| Name of Parent / Guardian / Carer: | Click or tap here to enter text.  |
| Emergency Contact: | Name: | Relationship: | Contact Number: |
| Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.  |

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| **2:** |  | **Please Tell Us About Any Important Information We Should Know About Your Child:** |

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| **Medical Conditions:** *e.g. Asthma, Epilepsy, Diabetes* |
| Click or tap here to enter text.  |
| **Injuries:** |
| Click or tap here to enter text.  |
| **Medication:** *e.g. Inhaler or Epi-pen* |
| Click or tap here to enter text.  |
| **Allergies:** *e.g. Nuts, Wasps, Aspirin* |
| Click or tap here to enter text.  |
| **Any Special Needs / Requirements:** |
| Click or tap here to enter text.  |
| **Does your child have any disabilities that may affect their daily activities?** |
| Hearing impairment: | Yes [ ]  No [ ]  | Mobility Issues: | Yes [ ]  No [ ]  |
| Visual impairment: | Yes [ ]  No [ ]  | Learning Difficulties: | Yes [ ]  No [ ]  |
| Mental Health (anxiety / depression): | Yes [ ]  No [ ]  | Other *(please specify)*: | Click or tap here to enter text.  |

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| **3:** |  | **Additional Consent:** |

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| --- | --- |
| I consent to emergency medical treatment if necessary and authorise staff to give medical consent on my behalf if the delay of my consent/signature may endanger my or another child’s safety. | Yes [ ]  No [ ]  |
| I consent for my child to go home unaccompanied. | Yes [ ]  No [ ]  |

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| **4:** |  | **Keeping in Touch:** |

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| I would like to receive information on other similar local activities supported by the Healthy Lifestyles Team. |
| By Email [ ]  | By Phone [ ]  | By Text (SMS) [ ]  | By Post [ ]  |
| I am happy to be contacted to provide feedback on my experience of these activities. |
| By Email [ ]  | By Phone [ ]  | By Text (SMS) [ ]  | By Post [ ]  |

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| **5:** |  | **Your Child’s Physical Activity Levels:** |

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| **Thinking of the past seven days (a week), how many days were you physically active for a total of at least an hour (60 minutes) per day?** Physical activity is any activity that makes you slightly out of breath and raises your heart rate. This may include physical education, sport, exercise, brisk walking, cycling, swimming or active playing. |
| 0 Days [ ]  | 1 Day [ ]  | 2 Days [ ]  | 3 Days [ ]  | 4 Days [ ]  | 5 Days [ ]  | 6 Days [ ]  | 7 Days [ ]  |
| **On an average day, in your leisure time (not at work or school) how many hours do you spend sitting?** Examples include watching TV, reading, playing on computer, playing video games, eating/drinking, etc. |
| 0 Hours [ ]  | 1 Hour [ ]  | 2 Hours [ ]  | 3 Hours [ ]  | 4 Hours [ ]  | 5 Hours [ ]  | 6 Hours [ ]  | 7+ Hours [ ]   |

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| **6:** |  | **Please tell us how you heard about this scheme:** |

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| --- | --- | --- | --- |
| [ ]  Active for Life Worker | [ ]  BEEZEE Bodies | [ ]  Exercise Referral Scheme | [ ]  Get Active Brochure |
| [ ]  GP / Health Professional | [ ]  Leisure Centre | [ ]  Radio / TV / Press | [ ]  Pharmacist |
| [ ]  Poster / Flyer | [ ]  School | [ ]  Social Media | [ ]  Take**Part Festival** |
| [ ]  Word of Mouth  | [ ]  Other (Please specify) | Click or tap here to enter text.  |

**About You: Equalities Monitoring**

* The questions below help us to ensure we provide our activities in a fair way to all members of the community.
* A short guide to the form and the questions is available. Please ask for this if you would like it. You can also ask for a large print or easy read version.

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| 1. What is your child’s gender?
 |
| Male [ ]  | Female [ ]  | Other [ ]  | Prefer Not to Say [ ]  |
| Does your child identify as the sex they were assigned at birth? |
| Yes [ ]  | No [ ]  | Prefer Not to Say [ ]  |

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| 1. How would you describe your child’s ethnic origin?
 |
| White: | British / English / N. Irish / Scottish / Welsh [ ]  | Irish [ ]  | Gypsy / Traveller [ ]  |
| Black or Black British: | African [ ]  | Caribbean [ ]  | Other Black Background [ ]  |
| Asian or British Asian: | Bangladeshi [ ]  | Chinese [ ]  | Indian [ ]  | Pakistani [ ]  | Other Asian [ ]  |
| Mixed: | Asian & White [ ]  | Black Caribbean & White [ ]  | Black African & White [ ]  |
|  | Any Other Mixed Background [ ]  | Click or tap here to enter text.  |
| Other: | Arab [ ]  | Prefer Not to Say [ ]  | Any Other Ethnic Group [ ]  | Click or tap here to enter text.  |

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| 1. What is your child’s religion or belief?
 |
| No Particular Religion [ ]  | Agnostic [ ]  | Buddhist [ ]  | Catholic [ ]  | Christian [ ]  |
| Hindu [ ]  | Jain [ ]  | Jewish [ ]  | Muslim [ ]  | Pagan [ ]  |
| Sikh [ ]  | Prefer Not to Say [ ]  | Other: [ ]  | Click or tap here to enter text.  |

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| 1. Is your child a carer?

This means your child looks after or gives help or support to family members, friends, neighbours, or others because of either: long-term physical or mental ill-health, because of a disability, or a problem related to age. |
| Yes [ ]  | No [ ]  | Prefer Not to Say [ ]  |
| If yes, do they care for a…: |
| Parent [ ]  | Child with special needs [ ]  | Other family member [ ]  | Friend [ ]  |
| Other (Please give details): [ ]  | Click or tap here to enter text.  |

**Thank you**

Thank you for taking the time to fill out this form. It helps us make sure that our activities and events are friendly and accessible and is vital in terms of proving the value of the free and subsidised activities we provide for local people.

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| --- | --- |
| Admin use only:UPSHOT ID: Click or tap here to enter text. |  |