About your child

Please fill in the form below and bring it along to our open evening.

We'll use the information you share below to keep you in the loop after the event.

Please complete in block capitals.

Name of child	
Postcode	
Parent / Guardian contact email	
Gender	
Mobile telephone number	
Child's date of birth	D D M M Y Y Y Y
Parent/guardian name	
School the child attends	

Please tick the section your child will be joining.

Squirrels	Beavers	Cubs	Scouts	
4-6		6 - 8	8 - 10 ½	10 ½ - 14

☐ I'm interested in finding out more about how I can get involved

Feel free to email us at: _____

or call us at: _____ if you have any questions.

This form is used to collect information about you and/or your young person for the purpose of registering your interest in Scouts. This is to be used by us at the Scouts. As part of this form we collect personal data about you and/or your young person. This is required so we can keep you informed of our progress, and we can measure the demand for this new section. This form also collects sensitive data about you and/or your young person. This detail is required so that we can offer you and/or your young person additional support as needed, and keep you or your young person safe while in our care. We do not share your personal data provided in this form with any third parties outside the Scouts. We take your personal data privacy seriously. The data you provide to us will be stored in a secure digital system. We will keep the data we capture from this form for only as long as necessary. For more details, and information on our retention policy, please visit our data protection policy at **https://scouts.org.uk/dppolicy**.