#### Scouts Census Form – Young People

### This form is used to collect data for the Scout Association’s annual census. This sensitive data is anonymous and will be collated locally and added to an online Census return. This data is collected so Scouting locally and nationally can better understand its Membership and it’s make up. Once the data is added to the Census website, this form will be destroyed. The Scouts Data Protection Policy can be found on our website www.scouts.org.uk

|  |  |  |  |
| --- | --- | --- | --- |
| Age: |  | Gender: | Please circle: Male / Female / I self-identify / I prefer not to say |

#### Ethnicity (Please tick)

|  |  |
| --- | --- |
| **White** | **Black, Black British, Caribbean or African** |
| A1 - English, Welsh, Scottish, Northern Irish or British |  | D1 - Caribbean  |  |
| A2 - Irish |  | D2 - African background |  |
| A3 - Gypsy or Irish Traveller |  | D3 - Any other Black, Black British or Caribbean background |  |
| A4 - Roma |  |
| A5 - Any other White background |  |
| **Mixed or Multiple ethnic groups** | **Other ethnic group** |
| B1 - White and Black Caribbean |  | E1 – Arab |  |
| B2 - White and Black African |  | E2 - Any other ethnic group |  |
| B3 - White and Asian |  | Other |
| B4 - Any other Mixed or Multiple ethnic background |  | F - Prefer to self-describe |  |
| **Asian or Asian British** | G - Prefer not to say  |  |
| C1 - Indian |  |  |
| C2 - Pakistani |  |
| C3 - Bangladeshi |  |
| C4 - Chinese |  |
| C5 - Any other Asian background |  |

#### Disabilities (Please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **Developmental** e.g. ADHD, ADD, Autism Spectrum Disorder, Developmental delay, Down's syndrome, Dyspraxia, Dyslexia, Speech or language difficulties, other learning difficulties |  | **Injury** e.g. Long term affecting body or brain injuries |  |
| **Physical** e.g. Spina bifida, other condition affecting mobility |  | **Medical** e.g. Asthma, allergies (which may require medical intervention), cystic fibrosis, heart condition, migraines, epilepsy. |  |
| **Mental Health** e.g. Anxiety, depression, panic attacks, history of self-harm, eating disorder |  | **Progressive** e.g. Muscular dystrophy, multiple sclerosis |  |
| **Sensory** e.g. Affected sight, hearing, taste or smell |  | I would prefer to **self-describe** |  |
| **None** i.e. No disability |  | I would **prefer not to say** |  |

### Note for Census Data Processor - This information is confidential and is for the purposes of the Scout Association Annual Census only. As soon as the details recorded above have been collated and recorded on the Census system this form must be destroyed.