



Whitehall Scout Group Personal Details Form

<p>Young Persons Details</p> <p>Section Joining:..... (Beavers/Cubs/Scouts)</p> <p>Surname:.....</p> <p>Forename.....</p> <p>Address:.....</p> <p style="text-align: right;">Post Code:.....</p> <p>Date of Birth:.....</p>	<p>Medical History</p> <p>(Please give Details of any Asthma, Diabetes, Epilepsy, Allergies, Conditions etc which may occur whilst participating in Scouting activities)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Dietary Requirements</p> <p>.....</p> <p>.....</p>
<p>Parents/Guardians(1)</p> <p>Surname:.....</p> <p>Forename.....</p> <p>Home Telephone:.....</p> <p>Mobile:.....</p> <p>Email Address:</p> <p>Address (If Different from Young Person):</p> <p style="text-align: right;">Post Code:.....</p>	<p>Parents/Guardians(2)</p> <p>Surname:.....</p> <p>Forename.....</p> <p>Home Telephone:.....</p> <p>Mobile:.....</p> <p>Email Address:</p> <p>Address (If Different from Young Person):</p> <p style="text-align: right;">Post Code:.....</p>
<p>In an emergency you should contact the following person if Parents/Guardians cannot be reached</p> <p>Name.....</p> <p>Relationship.....</p> <p>Address.....</p> <p style="text-align: right;">Post Code.....</p> <p>Daytime.....</p> <p>Evening/Night.....</p> <p>Mobile.....</p>	<p>Family Doctor's Name and Address</p> <p>G.P. Name</p> <p>G.P. Address.....</p> <p style="text-align: right;">Post Code.....</p> <p>G.P.Tel.....</p> <p>School</p> <p>Name of School.....</p> <p>Address.....</p> <p style="text-align: right;">Post Code.....</p> <p>Young Person's Religion/Faith.....</p>
<p>Parental/Guardian permission required. During our activities we may take pictures to appear on our Website, Facebook or printed for display. Please X to indicate NO permission!</p>	

PLEASE HAND THIS FORM BACK TO YOUR SECTION LEADER

New Amend

Please complete in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'.

To _____ Bank

Please set up the following Standing Order and debit my/our account accordingly

1. Account details

Account name _____ Account number

Account holding branch _____ Sort code

2. Payee details

Name of person or organisation you are paying

Payment reference (if known) - this will appear on the bank statement of the person or organisation you wish to pay

Sort code - the bank code of the person or organisation you are paying

Account number - the account number of the person or organisation you wish to pay (Eight digits - if less place zeros at the front)

Account type (if known) - the account type of the person or organisation you wish to pay

Current Account Cash ISA Help to Buy: ISA

Other (please specify)

3. About the payment

How often are the payments to be made? Weekly Two weekly Four weekly Monthly
 Quarterly Half yearly Yearly

Amount details
 Date and amount of first payment (DD/MM/YYYY) £

Date and amount of ongoing payments (If different from the first payment) (DD/MM/YYYY) £

Choose one of the following two options

1. Date and amount of final payment (DD/MM/YYYY) £

2. Until further notice (payments will be made until you cancel this instruction)

4. Confirmation

Customer signature(s)

Date (DD/MM/YYYY) _____

Date (DD/MM/YYYY) _____