



# Hello!

If you would like to get involved in the **Amazing Futures Project**, we need some information about you.

This information will be kept **confidential**, which means we won't share it with other people without your permission

We also ask you to fill out a **photo and video consent form**. This is because we sometimes take photos and video at peer support groups and other events. You can use this form to tell us if it's okay for us to use photos and videos of you.

**Please fill out both these forms and return them to:**

[claire@amazesussex.org.uk](mailto:claire@amazesussex.org.uk)

or post them in an envelope **without a stamp** to:

**Claire Piper**

**Amaze**

**FREEPOST SEA 14216**

**Brighton BN1 3ZZ**

If you have any questions about this form, or the Amazing Futures peer support project, please call Claire on 07484 915038

Claire works part-time for Amaze, so please leave a message if you can't get through and she will get back to you as soon as she can.

# Amazing Futures Peer Support Project Registration Form



amazing futures  
for young people

## About you

Your name:

Gender:

such as: 'man', 'woman', 'non-binary',  
'prefer not to say' and 'self describe'

Date of  
birth:

Preferred pronouns;  
she, he, they

Address:

Postcode

Telephone:

Email:

Do you have any physical or mental health conditions and/or allergies, which may affect you during the sessions? If so, how can the group best support you?

Please add any information below or speak to Claire and she will fill this form in with you. Knowing about any disabilities or additional needs help us to support you better in the group.

Are there any adjustments we could make to support you within the group? Such as left-handed scissors, non-dairy milk, large text....

Who do you want us to contact if you are involved in an emergency? i.e. your emergency contact

### Emergency contact 1

Name

Relationship to you e.g.  
your parent / carer /  
partner

Address

Postcode

Telephone

Email

### Emergency contact 2

Name

Relationship to you e.g.  
your parent / carer /  
partner

Address

Postcode

Telephone

Email

What is the best way for us to contact you?  
please tick any that apply

Post

Email

Telephone

Text

Via Parent /  
Carer

We have an Amazing Futures Whatsapp group that is used to share information about the group and events. Would you like to join the group?

Yes

No

Information to help with group planning

Which Amazing Futures group are you interested in?

Eastbourne

Bexhill

What are your hobbies or interests?

## Any extra information?

I agree to Amaze keeping my personal information on their database and I understand that Amaze will not pass this on to people outside Amaze. I understand that I can change my mind about this. You can find out more about why we collect this information and how we comply with Data Protection law here: <https://amazesussex.org.uk/privacy-statement/>

Date filled in: .....

Signature: .....

(Or type name if sending back by email)



for families with disabled children and young people in Sussex

# Data Sharing Consent Form

Amazing Futures activities are funded from a range of sources. This includes Sussex Learning Network – SLN and East Sussex County Council (ESCC).

As part of funding agreements with SLN and ESCC, Amaze needs to share information about young people participating in AF with SLN and ESCC.

This is the information we will share about you:

- Name
- Date of birth
- Postcode
- Gender
- Dates and locations of the workshops/Amazing Futures sessions you attended
- Your primary additional need

What happens to this information?

- With your consent, Amaze will pass this information securely to SLN and ESCC.
- SLN and ESCC then store this information on their own databases. For SLN this includes two third party databases they have data sharing agreements with, The Higher Education Access Tracker (HEAT) and The Higher Education Statistical Agency (HESA). This is so that they can see if any young people from the workshops go on to make an application to go to university in the future.
- Information will not be used by SLN or ESCC for any other purpose.
- Any young person can ask for their information to be deleted by SLN or ESCC at any stage (now or in the future). See [SLN's privacy statement](#) or [ESCC's privacy statement](#) for more information.

**Please tick to confirm:**

	Yes	No
I give consent for my information (listed above) to be shared by Amaze with SLN and ESCC		
I understand that this data will be stored by SLN and ESCC on their own systems and is subject to their own privacy policy		

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2022

# Amazing Futures Peer Support Project Registration Form



## Equal Opportunities

At Amaze we are committed to the principles of **equality** and **diversity** for all of our young people, volunteers and peer supporters, regardless of race, gender, sexual orientation, religious belief, ethnic origin or disability.

We collect this information to help us **improve our services** and meet our duties under the Equalities Act 2010.

Please tick the most appropriate box below to describe your ethnic group or origin:

### White

- British
- Irish
- Traveller of Irish Hertiage
- Gypsy/Roma
- Any other White background

### Mixed/multiple ethnic

- White & Black Caribbean
- White & Black African
- White & Asian
- Other mixed/multiple backgrounds

**Prefer not to say**

## Black or Black British

- African
- Caribbean
- Any other Black background

## Asian or Asian British

- Indian
- Pakistani
- Chinese
- Bangladeshi
- Any other Asian background

## Other

- Arab
- Any other ethnic background

Please tick the most appropriate box below to describe your sexuality and gender expression:

## Sexuality

- |                                            |                                                 |                                  |
|--------------------------------------------|-------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Bisexual          | <input type="checkbox"/> Gay                    | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Heterosexual      | <input type="checkbox"/> Lesbian                | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Not relevant/too young |                                  |

## Gender

- |                                 |                                            |                                     |
|---------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male              | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Other  | <input type="checkbox"/> Prefer not to say |                                     |



## Disability

Do you consider yourself to have a disability? If so, please tick the most appropriate box to describe your disability.

Yes

No

Prefer not to say

If yes, please tick the most appropriate box to describe your disability.

Physical Disability

Sensory Impairment

Mental Health Condition

Learning Disability

Neurodiverse

Long Standing Illness or Health Condition

Other

# Photo Consent Form

Name

Age

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Address

Email

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I agree to **photographs** of me being used in the following ways by Amaze:

	Yes	No
<b>On the internet</b> (for example: Amaze Facebook, Twitter, website, etc.)		
<b>Paper publications</b> (for example: newsletter, leaflets, posters, newspaper stories, etc.)		

I agree to **videos** of me being used in the following ways by Amaze:

	Yes	No
<b>On the internet and played at events</b> (for example: Amaze Facebook, Twitter, website, etc. or at a local cinema or other Amaze event)		

# Photo Consent Form

I understand that anything shared on the internet can be saved and shared by other people, and Amaze cannot control this.

I agree that photos and videos of me can be used in these ways. I will contact you if I don't want you to use photos or video of me anymore.

Signed:

Date:

If you are under 16, please ask your parent or guardian to sign below:

Signed by parent/guardian:

Date:

This consent form is for photographs/videos taken by Amaze, or on Amaze's behalf, for Amaze to use in the ways you have agreed to.

Sometimes Amaze will make an agreement with a photographer for them to take photos for Amaze. If this happens then the photographer owns the copyright on the photos they take, unless they have agreed otherwise in writing.

However, the photos may only be used by Amaze, and only in the ways that you have agreed to.

We will keep this information confidential, which means we won't share it with other people without your permission. We will use this information if we need to contact you about photos or video we have taken of you.

After three years, if we want to take more photos or video of you, we will ask you to fill out a new form.