

# Amazing Futures Registration Form



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 videos 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 Jem Hadert:

**[jem@amazesussex.org.uk](mailto:jem@amazesussex.org.uk)**

or post them in an envelope without a stamp to:

**Jem Hadert**

**Amaze**

**FREEPOST SEA 14216**

**Brighton BN1 3ZZ**

If you have any questions about this form, or the Amazing Futures peer support project, please call Jem **on 07485 349659**

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

# Amazing Futures Registration Form



## About you

Your Name

Date of Birth

Pronouns  
(she, he, they)

Address  
& Postcode

Phone Number

Email

GP Surgery

Please tell us about any physical or mental health conditions and/or allergies you have, and how can we best support you?

Where did you find out about Amazing Futures?

# Amazing Futures Registration Form



## Emergency contact

**This is who you want us to contact if you are involved in an emergency**

Name

Relationship

(Parent, carer,  
sibling, partner)

Address

& Postcode

Phone Number

Email

## Contact preferences

**What is the best way for us to contact you, please tick all that apply.**

WhatsApp

Text

Email

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

**Would your parent/carer like to join the parent/carer WhatsApp that is used to share information about the group and events?**

Yes

No

# Amazing Futures Registration Form



## Group preferences

### Which Amazing Futures group are you interested in?

Self-Advocacy Power Group

Art

LGBTQ+ Young Peoples Group

Drama

Young Women's Group

Video Games

Board Games

Volunteering

### What are your hobbies and 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: .....

# Amazing Futures Registration Form



## About Data Sharing with NHS

The Amaze Family Support Service is funded by the NHS, this includes Amaze NDP Family Training and Navigation Service, Face 2 Face and Amazing Futures. To enable the NHS to monitor the service and its impact on children and young people, they ask us to share anonymised information about who is accessing our service.

**If you access our Young People Engagement service, we will ask if you agree to us sharing the data below. Your name would not be included.**

**Below are the personal details of what we share**

- **your postcode**
- **your date of birth**
- **your GP practice**
- **your gender**
- **whether your gender is the same as the gender assigned at birth**
- **your ethnicity**
- **the main reason you are accessing Amaze**

In addition, we would provide details of how long you were supported by our service and the type of contacts you have with us (no information about what was discussed at these contacts is passed on) and the reason for ending support with us.

### **Who manages the information shared with the NHS?**

The information collected about you/your young person is managed by NHS Digital, the national provider of information, data and IT systems in health and social care. The role of NHS Digital is to ensure that high quality information is used appropriately to improve patient care. It publishes key statistics and shares information to support important research and commissioning.

### **What is the data used for?**

This is part of a national strategy called the Mental Health Services Data Set (MHSDS) which aims to deliver nationally consistent and comparable person-based information for children, young people and adults who are in contact with mental health or learning disability services. The data collected is passed to NHS Digital and supports evidence-based clinical practice and helps the NHS to demonstrate improved outcomes. It is also used to inform service improvements and monitor service performance and outcomes.

### **Do I have to agree to this so that I can access your service?**

No, you can of course still access our service if you do not consent, however, so that we can evidence the work we are doing we do appreciate you considering this.

### **How do I find out more?**

If you have any queries about what NHS Digital does with your information or would like to know more please get in touch:

- Tel: 0300 303 5678
- Email: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)
- <http://digital.nhs.uk/home>

**Do you consent?**    Yes    No    **Date filled in:** .....    **Signature:** .....

# Amazing Futures 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 Heritage
- Gypsy/Roma
- Any other White background

### Black or Black British

- African
- Caribbean
- Traveller of Irish Heritage
- Any other Black background

### Other

- Arab
- Any other ethnic background

### Mixed/multiple ethnic

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

### Asian or Asian British

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

Prefer not to say

# Amazing Futures Registration Form

## Equal Opportunities

**Please tick the most appropriate box below to describe your sexuality**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bisexual     | <input type="checkbox"/> I don't know      |
| <input type="checkbox"/> Asexual      | <input type="checkbox"/> Lesbian           |

**Please tick the most appropriate box below to describe your gender**

- |   |  |
|---|--|
| <input type="checkbox"/> Female               | <input type="checkbox"/> Male              |
| <input type="checkbox"/> Non-Binary           | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Self Describe: ..... | <input type="checkbox"/> Prefer not to say |

.....

**What is the gender you were assigned at birth?**

**Do you consider yourself to have a disability?**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

**Please tick the most appropriate box below to describe your disability**

- |  |  |
|--|--|
| <input type="checkbox"/> Autism  | <input type="checkbox"/> Sensory Impairment                                      |
| <input type="checkbox"/> ADHD  | <input type="checkbox"/> Social communication concerns                           |
| <input type="checkbox"/> Physical Disability                           | <input type="checkbox"/> Mental Health Condition                                 |
| <input type="checkbox"/> Tics/Tourette's Syndrome                      | <input type="checkbox"/> Sensory processing disorders                            |
| <input type="checkbox"/> Foetal Alcohol Spectrum Condition (FASC)      | <input type="checkbox"/> Developmental Language Disorder                         |
| <input type="checkbox"/> Learning Disabilities/<br>Developmental Delay | <input type="checkbox"/> Developmental Coordination<br>Disorder (dyspraxia)      |
| <input type="checkbox"/> Long standing illness or health<br>condition  | <input type="checkbox"/> Specific learning disorders<br>(dyslexia & dyscalculia) |

# Amazing Futures Registration Form



## Photo Consent Form

**Amaze sometimes takes photos or videos at groups & events.**

**We use these photos and videos to:**

- show the real people at the heart of Amaze
- celebrate your successes and achievements
- show people what Amaze does, and what to expect at our events and groups

**These photos and videos may be used in:**

- leaflets, flyers, and posters
- videos about Amaze or disabilities
- our e-newsletter and young people's magazine
- fundraising campaigns
- our website & social media
- local newspaper articles about Amaze

We also sometimes let the photographer use some photos in their portfolio, if you agree. A portfolio is a website showing their best photos

**We promise:**

- We will not use photos or videos of you unless you agree that we can.
- We will keep your information safe and private.
- We will keep your photos and videos safe. We will never sell them to anyone.
- We will ask you again in three years if you are still happy for us to take photos or videos of you. You can tell us at any time if you change your mind and we will stop using your photos and videos in things we make.

However, anything shared on the internet can be saved and shared by other people. If that happens, Amaze cannot remove your photos and videos from those other websites or apps.



# Amazing Futures Registration Form



## Photo Consent Form

Your Name

Age

Email

### Please circle/tick to confirm:

I agree to Amaze using **photos** of me  **Yes**  **No**

I agree to Amaze using **videos** of me  **Yes**  **No**

I agree to the **photographer** using **photos of me** in their **portfolio**  **Yes**  **No**

**I understand how these photos & videos might be used**

**I understand I can tell you if I don't want you to use photos or videos of me any more.**

**I understand Amaze can only remove photos and videos from our own websites. If people share them anywhere else Amaze cannot remove them from those websites or apps.**

**No one is making me agree to this, it's my choice.**

Sign Here

Date

### If you are under 16 - Please ask your parent or carer to sign here:

Parent/carers

Date