



Personal Registration Form for Girls - *Strictly Confidential*

IGG is committed to inclusiveness and equality. In order to help all girls feel included in their Unit, and to help the Leaders to respond/plan for individual needs and interests, we are asking you to complete the form below with information about your daughter/ward.

Thank you.

TO BE COMPLETED BY PARENT/GUARDIAN ON AN ANNUAL BASIS.

Personal Details

Child's name: _____ Date of birth: _____
Address & Eircode: _____
Date started (new members only): _____

Primary Contact Details

Name: _____ Relationship to child: _____
Mobile phone number: _____ Home phone number: _____
Are you happy to receive relevant messages? Yes No
Address & Eircode (if different from child above): _____
Email: _____
Are you happy to receive relevant emails? Yes No
Were you a Guide or a Scout? Yes No

Secondary Contact Details

Name: _____ Relationship to child: _____
Mobile phone number: _____ Home phone number: _____
Are you happy to receive relevant messages? Yes No
Address & Eircode (if different from child above): _____
Email: _____
Are you happy to receive relevant emails? Yes No
Were you a Guide or a Scout? Yes No

Emergency Contact

This is to be used in the event that neither of the above two contacts can be reached in the event of an emergency.

Name: _____ Relationship to child: _____
Mobile phone number: _____ Home phone number: _____
Address & Eircode: _____

Educational Details

Name of school: _____ Class/Year: _____

Membership Conduct Agreement for under 18s

I have read and agree to abide by the IGG Conduct Guidelines for Girls.

In the case of Senior Branch members (aged 14-18 years), I/we have read and understood the content of the additional Senior Branch information leaflet and am/are satisfied with the arrangements of the Senior Branch Unit in which I/my daughter/ward will be participating.

Parent's/Guardian's signature: _____

Date: _____ Girl's signature: _____ (Age 10 and over)

*Parental/
Guardian
Support*

All our Leaders are volunteers and would appreciate any help and support that parents/guardians can give them.

Would you be willing to help the Unit with any of the following?

Transport	<input type="checkbox"/>	Keeping of financial records	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Occasional Unit Meetings	<input type="checkbox"/>	Become a Leader	<input type="checkbox"/>

Are you in a position to provide any other help? Do you have interests, skills, qualifications or equipment which you would be willing to share e.g. Outdoor Activities, Handcrafts, First Aid, Art or Music? _____

*Other Helpful
Information*

Please share any other information that you believe would be helpful for the Leaders to know: _____

HEALTH

Please share any details that will help Leaders to ensure that your child has the best experience during her time with the Unit.

Medical Needs

Please mention below any requirements or needs that the Leaders should be aware of to support your child's involvement in the IGG programme: _____

Does your child have any medical conditions?
Yes No

Asthma	<input type="checkbox"/>	Chest Complaints	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Migraine	<input type="checkbox"/>		

Other: _____

Does your child have any additional conditions?
Yes No

ADHD / ADD	<input type="checkbox"/>	Emotional Difficulties	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Behavioural Difficulties	<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	Mobility Difficulties	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Dyspraxia / Developmental Coordination Disorder	<input type="checkbox"/>		

Other: _____

Does your child have access to a Special Needs Assistant (SNA) at school? _____

Dietary Requirements

Does your child have any specific dietary requirements?
Yes No

Dairy Free	<input type="checkbox"/>	Egg Free	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Sugar Free	<input type="checkbox"/>
Vegan	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Wheat Free	<input type="checkbox"/>	Halal	<input type="checkbox"/>

Other: _____

Please inform the Leader of any changes, developments or new conditions. Thank you.

PLEASE RETURN THIS FORM ALONG WITH THE SIGNED DATA PROTECTION STATEMENT TO THE UNIT LEADERS.



DATA PROTECTION STATEMENT

In line with IGG's Data Protection Policy all personal and sensitive personal data obtained in relation to a member will be kept safe and secure. This applies to data held in both manual and automated form, both are treated with equal care. All personal and sensitive personal data will be used only for the purpose for which it was provided and will never be passed to a third party for any other purpose.

As per IGG's registration requirements, all information of youth members obtained on a Personal Registration Form are input onto IGG's secure Online Guide Manager system (OGM) and access is limited to IGG administrative personnel and registered IGG Leaders working within the Unit.

Use of information is as follows:

- Contact and health information is used for safety purposes and shared with registered IGG Leaders and Unit Helpers on a need to know basis.
- Contact information is also used by Unit Leaders to keep the parent/guardian updated on relevant Unit information and events.
- Date of birth and school information will be used by Unit Leaders to balance groupings in as far as possible and to determine age related eligibility for positions of responsibility within the Unit and progression to the next level.
- Information relating to medical needs and dietary requirements will be used by Unit Leaders to plan effective meetings/events that meet the needs of the girls and will be shared with registered IGG Leaders and Unit Helpers on a need to know basis.

Information is maintained on a secure basis for the duration of the youth's membership with IGG and deleted from the Unit on OGM when they leave. Paper registration forms are securely stored for the Guiding year and shredded at the end of that year.

Consent for use of personal/sensitive personal data

Under General Data Protection Regulations consent is a requirement to obtain/process personal and sensitive personal data, therefore please complete the section below as required;

I understand that the personal and sensitive personal data that I have supplied on the IGG Personal Registration Form relating to my daughter/ward will be used for the purposes as previously stated above.

I give my consent to this. (Please tick the box)

Parent's/Guardian's signature: _____

Date: _____

Photography/Media Parental Consent

I understand that photographs or video of my daughter/ward may be used in the internal or external publicity of the Irish Girl Guides to promote the work of the organisation. These may appear in print or online. I understand that my daughter/ward's name may on occasion be included but addresses or other personal identifying information will not be used.

I give my consent and understand that I can withdraw consent at any time by informing the Unit Leader in writing (please tick a box): Yes No

Parent's/Guardian's signature: _____

Date: _____

Would you like to be included in a parental WhatsApp group if one is available? Yes No

**PLEASE RETURN THE COMPLETED PERSONAL REGISTRATION FORM FOR GIRLS
ALONG WITH THIS SIGNED DATA PROTECTION STATEMENT TO THE UNIT LEADERS** Page 3 of 3