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| **IMPORTANT:  This form must be printed, filled in and returned electronically.  Section B must be signed by a parent/legal guardian.** |

Thank you very much for your interest in volunteering for Nottingham Clean Champions. All the information you provide on this form is confidential and will not be passed on to a third party.

When we process your personal information, we will comply with data protection legislation and enable you to exercise your rights contained within the legislation. Our privacy notice can be found online at:  
[www.nottinghamcity.gov.uk/privacystatement](http://www.nottinghamcity.gov.uk/privacystatement)

There are two sections to this form:

**Section A** must be completed by the young person (aged 16-17) or child (13-15) who wishes to sign up to the Clean Champion Volunteer Programme.

**Section B** must be completed by a parent or legal guardian of the young person / child, providing their own parental consent and emergency contact details. They are also required to agree to our health and safety guidelines (including Risk Assessments) on behalf of the young person / child which can be found on our website at [www.nottinghamcity.gov.uk/cleanchampions](http://www.nottinghamcity.gov.uk/cleanchampions). Please ensure you have read and understood the documents before completing this form. E-mail us at [clean.champions@nottinghamcity.gov.uk](mailto:clean.champions@nottinghamcity.gov.uk) for any questions.

All sections must be completed to be processed. This can be completed electronically or by hand.

**SECTION A** – to be completed by the young person / child.

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| --- | --- | --- | --- |
| Full name (forename and surname) |  | | |
| Full Address including postcode |  | | |
| Contact number (home / mobile) |  | | |
| E-mail address |  | | |
| What is your age group? (please tick) | 13 – 15  16 – 17 | What is your reason for signing up to the programme?  e.g. Duke of Edinburgh |  |
| **DECLARATION** Please tick (required)  I consent to my data being used for the administration purposes of the programme only  Do you wish to receive the monthly e-mail newsletter? Yes  No | | | |

**SECTION B** – to be completed by the parent / legal guardian. You will be registered as the young person / child’s emergency contact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name (forename and surname) |  | | | |
| Full Address including postcode  (if different from the young person / child) |  | | | |
| Contact number (home / mobile) |  | | | |
| E-mail address |  | | | |
| Relationship to the young person / child |  | | | |
| *To help us support the young person/child effectively during the litter picking programme, please let us know if they have been diagnosed with a disability or display behaviours that may require specific measures. This information will be kept confidential and used only to ensure their safety and well-being.*  *We may need to complete a specific risk assessment based on the answers provided.* | | | | |
| Has the young person / child been diagnosed with a disability? | Yes  No  Please tick (required) | | If yes, please provide details: |  |
| Does the young person / child exhibit any specific behaviours or needs that may require additional support or adjustments during the litter picking programme?  e.g., they may display behaviours of ADHD and require more guidance to stay focused. | Yes  No  Please tick (required) | | If yes, please provide details: |  |
| **DECLARATION** Please tick (required)  I confirm I am over the age of 18, and that I am the parent / legal guardian of the young person / child  I consent to my data being used for the administration purposes of the programme only  I have read and agree to the health and safety guidance (including both risk assessments). I have explained the health and safety measures to the young person / child.  I accept responsibility for the health and safety of the young person / child  Do you wish to receive the monthly e-mail newsletter? Yes  No | | | | |
| **Parent / Legal Guardian Signature:** | |  | | |