

Membership (young person)

To take part in activities at Spotlight you'll need to become a member. By signing up you'll get a membership card which you need to sign up for everything at Spotlight.

To become a Spotlight member, please take a minute to fill in this form, ask a parent or guardian to complete and sign the attached consent form and return it to us either in person, or by post to **Spotlight, 30 Hay Currie Street, London E14 6GN.**

What activities would you like to do at Spotlight?

(please tick as many boxes as you want)

- | | | | |
|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Music | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Employability skills | <input type="checkbox"/> Advice & support |
| <input type="checkbox"/> Visual arts | <input type="checkbox"/> Fashion | <input type="checkbox"/> Chill out | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Design | <input type="checkbox"/> Boxing | <input type="checkbox"/> Fitness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Film | <input type="checkbox"/> Cookery | <input type="checkbox"/> Theatre | |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Journalism | <input type="checkbox"/> Dance | |

Please tell us a bit about you

Full name:

Telephone number(s):

Date of birth: / /

Email address:

Gender: Male Female

Do you consider yourself to have a disability? Yes No

Address:

Postcode:

Please write down any special arrangements or support you need to help you take part in Spotlight. Please also make sure to tell a Spotlight member of staff about this too so we can chat more about how we can help:

What is your ethnic group?

White:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background:

Mixed/multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/multiple ethnic background:

Are you in education or training?

- In Education
- If so what school/college do you go to?
- Not currently in education, training or employment
- Employed In Training Self-Employed Other

Asian / Asian British

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

Black / African / Caribbean / Black British

- African Caribbean
- Any other Black/African /Caribbean background:

Other ethnic group

- Arab
- Any other ethnic group:

Parent / Guardian contact details

Name of parent/guardian

Parent/guardian telephone number(s)

Parent/guardian email address

Parent/guardian home address (if different to yours)

Postcode:

We'll keep the information you give us safe and secure and will only ever share your details with our partners who deliver services in Spotlight. Our partners will only use your information in relation to the things they do at Spotlight. You can cancel your membership at any time - just let us know if you want to do this. We also have the right to cancel your membership if you break Spotlight's rules, though will always discuss this with you. If you have any questions about membership just come and see us or call us on 020 30 111 333 or email hello@wearespotlight.com.

Contact made with parent/guardian: / / Date YP into MIS: / /

Young person membership number:

Thank you for signing up to be a Spotlight member. We look forward to seeing you soon!



Consent (parent/guardian/18 plus)

Your son or daughter has / You have indicated that they/you want to become a Spotlight member. To do this you will need to give your consent, so that we can be sure you're happy for them/you to take part in all the opportunities Spotlight has to offer. If you have any concerns about providing your consent, please contact the Spotlight team to discuss these on 020 30 111 333.

This section should be completed by a parent or guardian if the young person is aged under 18, or by the young person if aged 18 or over. Please complete and return this form to us, either in person, or by asking your son or daughter to return it, or by post to **Spotlight, 30 Hay Currie Street, London E14 6GN.**

Taking part in Spotlight

Spotlight will offer a wide range of activities, events and services for young people to take part in, including creative arts and fitness.

Medical information

Spotlight takes great steps to ensure the safety of all young people in the centre. Letting us know about medical conditions will help us take the appropriate action in the event of an emergency, and where appropriate we will share this information with qualified medical professionals. In the event of an emergency we will always try to contact you as soon as possible.

Does your son or daughter / Do you have any conditions requiring medical treatment, including medication?

Yes No

If yes, please give brief details and make a time to speak to a Spotlight member of staff face to face about how we can help:

Using images and information

Spotlight will gather and store information about your son or daughter / you as part of its work. We will keep this safe and secure, and will only share limited information with other people, such as with organisations who deliver services in Spotlight, or with medical professionals in the event of an emergency. We will often take photos of and film young people taking part in Spotlight activities and may use these to promote Spotlight, for example on social media, our website, in newsletters or reports, or in the media. This helps us to showcase young people's talents, raise funds and illustrate the work we do.

Your contact details

We'd like to keep you up to date with things happening at Spotlight and to invite you to special events. We also want to be able to contact you / your parent/guardian in the event of an emergency. To help us do this, please provide your/their contact details:

Name of parent/guardian:

Name of young person:

Parent/guardian home address (if different to the young person):

Postcode

Parent/guardian telephone number(s):

Parent/guardian email address:

Are you a Poplar HARCA resident?

Yes No

Consent

- I agree to my son or daughter / me taking part in activities at Spotlight
- I agree to my son or daughter / me receiving first aid as required by trained staff. If further treatment is required, I agree to any emergency dental, medical or surgical treatment, including medication, anaesthetic or blood transfusion, as considered necessary by the medical authorities
- I agree that Spotlight can store and use information, photos and film footage of my son or daughter / me in its work and in promoting its services

Signed:

Full name (capitals):

Date:

Spotlight team to enter

Date consent into MIS:

