

Member's name in CAPITALS

ANNUAL INFORMATION FORM

This form is to be completed annually to ensure that we have up to date personal information for all members including medical details and emergency contact information. This form should be completed and returned to the Company as soon as possible.

The form is designed so that the information is collected in the correct order to help with the inputting of information onto Online Brigade Manager (OBM), The Boys' Brigade's online membership system. Parents/carers with access to Parent Portal will be able to edit their own and their child's data on OBM.

Please complete in BLOCK CAPITALS. Boxes marked with a * are compulsory.

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Please complete details for the child/you	una porcon			
	ang person.	5		
Surname:*		First Name:*		
Date of Birth:*	Sex:* Male	Female		
Address:*				
Town:*	County:*		Postcode:*	
Medical Details				
Doctor/Surgery:*		Surgery Address:*		
Surgery Phone:*				
Details of any medical conditions, allergie	es or dietary requirements lead	ers should be aware of (includir	ng any medication needed wh	hilst at BB):*
Additional Needs				
Please provide details of any particular/a	dditional needs leaders should	be aware of:		
Danonta/Carona Ca	ontact Dotaile			
Parents/Carers Co				
Please complete details for parents/care	_	cy contact:		
Primary Contact 1* (usually po	ırent/carer)			
Title:* First Name:*		Last Name:*		
Relationship to BB Member:*	Tick	if address is the same as BB M	ember. If different please co	mplete details below
Addross:*				

County:*

Mobile:*

Town:*
Phone:*

Email:*

Postcode:*

Primary Contact 2 (usually parent/carer)	
Title: First Name:	Last Name:
Relationship to BB Member:	Tick if address is the same as BB Member. If different please complete details below
Address:	
Town: Count	ty: Postcode:
Phone: Mob	sile:
Email:	
Emergency Contact* (an additional contact if pri	imary contacts are not available, which could be a relation or family friend)
Title:* First Name:*	Last Name:*
Relationship to BB Member:*	Phone:* Mobile:*
Photo Consent*	
	es and need to obtain your consent for this; please tick ONE of the options below:
be taken of my child during BB activities to	o not wish any photographs/videos be taken of my child while they are dertaking BB activities.
We are committed to ensuring that photos and videos are k	ept securely and that consideration and sensitivity is shown in their appropriate use.
Signed by Parent/Carer*	
I confirm that the information provided is correct to the best of	of my knowledge and undertake to notify the Leader in Charge of any changes.
Data Protection	
as part of their membership. All personal information (includ (GDPR). Personal data is held securely within Online Brigado If their membership becomes inactive, we'll archive this info Notice. You have the right to ask for a copy of all data we have	that we look after the well-being of all children & young people participating in activities thing sensitive data) is held in accordance with the General Data Protection Regulations e Manager (our database system) while your child is an active member of the organisation ormation in line with our retention policy detailed within our Privacy (Fair Processing) old about your child, this is known as a subject access request (SAR). We take data we collect, process & retain personal data is provided in our Data Protection Policy and read-regulations/
Signed:	
	Name:*
	Relationship to BB Member: Date: / / / /
Should you have any questions regarding this form or any	y other matter please speak to the Company Captain or Leader in Charge.
For more information about The Boys' Brigade and our police A Registered Charity in England & Wales (305969) and Scotland (SC The Boys' Brigade is a Company limited by guarantee, registered in	038016).
Leader's Use	
Form received: / / Updated of	on OBM: