

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 video 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 these forms and return them to Charlie Ayres
charlie@amazesussex.org.uk

or post them in an envelope without a stamp to:

Charlie Ayres

Amaze

FREEPOST SEA 14216

Brighton BN1 3ZZ

If you have any questions about this form, or the Amazing Futures peer support project, please call **Charlie on 07494121322**

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

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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?

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Emergency contact

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

Your 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

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Group preferences

Which Amazing Futures group are you interested in?

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:

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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 that 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
- <http://digital.nhs.uk/home>

Do you consent? Yes / No

Date filled in:

Signature:

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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

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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 Syndrome (FASD) | <input type="checkbox"/> Developmental Language Disorder |
| <input type="checkbox"/> Learning Disabilities/
Developmental Delay | <input type="checkbox"/> Developmental Coordination
Disorder (dyspraxia) |
| <input type="checkbox"/> Long standing illness or health
condition | <input type="checkbox"/> Specific learning disorders
(dyslexia & dyscalculia) |

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.

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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