

Address:*

Phone:*

Email:*

Town:*

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 My.BB 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

Piedse complete in BLOCK CAPITALS. Boxe	as marked with a fare con	ripuisory.		
Please complete details for the child/young p	porcon:			
		First Name *		
Surname:*		First Name:*		
Date of Birth:*	Sex:* Male F	emale		
Address:*				
Town:*	County:*		Postcode:*	
Medical Details				
Doctor/Surgery:*		Surgery Address:*		
Surgery Phone:*				
Details of any medical conditions, allergies or				
Additional Needs Please provide details of any particular/additional Needs	onal needs leaders should	be aware of:		
Parents/Carers Con Please complete details for parents/carers at Primary Contact 1* (usually parent	nd an additional emergenc	y contact:		
Title:* First Name:*		Last Name:	*	
Relationship to BB Member:*	Tick i	f address is the same as B	B Member. If different please of	complete details below.

County:*

Mobile:*

Postcode:*

Primary Contact 2 (usually parent/ca	arer)	
Title: First Name:	Li	ast Name:
Relationship to BB Member:	Tick if address is the	same as BB Member. If different please complete details below
Address:		
Town:	County:	Postcode:
Phone:	Mobile:	
Email:		
Emergency Contact* (an additional	l contact if primary contacts are not avai	ilable, which could be a relation or family friend)
Title:* First Name:*	l	_ast Name:*
Relationship to BB Member:*	Phone:*	Mobile:*
Photo Consent*		
	DD - with this and a said to a late in a said	consent for this; please tick ONE of the options below:
Signed by Parent/Carer* I confirm that the information provided is correct Data Protection The Boys' Brigade requires personal information as part of their membership. All personal informations	publications including social in Photos/video will not be used levels of The Boys' Brigade. It videos are kept securely and that consider to the best of my knowledge and under on to ensure that we look after the well-tenation (including sensitive data) is held in	BB to be taken of my child while they are undertaking BB activities. tions and nedia. at other deration and sensitivity is shown in their appropriate use. take to notify the Leader in Charge of any changes. peing of all children & young people participating in activities in accordance with the General Data Protection Regulations
If their membership becomes inactive, we'll are Notice. You have the right to ask for a copy of a	chive this information in line with our rete all data we hold about your child, this is l	ystem) while your child is an active member of the organisation. ention policy detailed within our Privacy (Fair Processing) known as a subject access request (SAR). We take data n personal data is provided in our Data Protection Policy and
Find out more at boys-brigade.org.uk/who-we	e-are/policies-and-regulations/	
Signed:	Name:*	
	Relations	hip to BB Member:
	Date:	
Should you have any questions regarding this	s form or any other matter please spea	k to the Company Captain or Leader in Charge.
For more information about The Boys' Brigade A Registered Charity in England & Wales (305969) an The Boys' Brigade is a Company limited by guarantee Registered Address: Felden Lodge, Hemel Hempstea	nd Scotland (SC038016). e, registered in England & Wales no. 145122.	/ebsite at boys-brigade.org.uk
Leader's Use		
Form received: / /	Undated on ORM: / /	