**Privacy Notice**

Limerick Youth Service (LYS) processes personal data relating to the young people that access our services and supports.  The processing of personal data is governed by the EU General Data Protection Regulation (the “GDPR”) and the Data Protection Act 2018

LYS complies with its obligations under the “GDPR” by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

We use your personal data for the following purposes: monitoring, evaluating, managing, verifying, and auditing requirements.

We process your personal data on the legal basis of your Consent, and your Explicit Consent to processing special categories of data.

In instances where referrals to organisations and agencies outside of LYS maybe beneficial, and **ONLY** with your prior consent, relevant information may be shared with these agencies.  Please be aware that under the Children's First Act 2015, we are obliged to report any concerns regarding child safeguarding to the relevant authority.

We keep your data in accordance with the guidance set out within our formal records retention policies and do not maintain data beyond what is absolutely required for operational reasons or where otherwise required by law.

You have the following rights with respect to your personal data: -

• The right to request a copy of your personal data, which LYS holds about you.

• The right to request that LYS correct any personal data if it is found to be inaccurate, incomplete or out-of-date.

• The right to request your personal data is erased where it is no longer necessary or lawful for LYS to retain such data.

• The right to request that LYS provide you with a copy of your personal data and, in certain circumstances, to transmit that data directly to another data controller.

• The right, where there is a dispute in relation to the accuracy or processing of your personal data, to request a restriction is placed on further processing

• The right to object to the processing of personal data

• The right to lodge a complaint with the Data Protection Commission.

To exercise all relevant rights, queries or complaints please in the first instance contact LYS at:

Limerick Youth Service, 5 Lr. Glentworth St, Limerick. TEL: +353 (0)61 412 444 , FAX: +353 (0)61 412 795 ,

EMAIL: lys@limerickyouthservice.org , WEBSITE: <https://limerickyouthservice.com/>

Complaints

You have the right to make a complaint to the Data Protection Commission which you can contact by phone: +353 (0761) 104 800; via email info@dataprotection.ie or by writing to:

The Data Protection Commissioner, Canal House, Station Road, Portarlington, Co. Laois,

R32 AP23.

**I give consent to LYS to process my personal data (Please check box)**  [ ]

|  |  |
| --- | --- |
| **Date:**  |   |
| **Print or Type Name:**  |   |

**Special Categories of Personal Data**

We would also like to record information on any **additional physical, mental, or learning support needs** and on **ethnic/cultural background.** This information is known as ‘Sensitive Data’.  We gather this information to ensure that LYS provides an equal, inclusive, and diverse service and to ensure that we are providing a quality service that responds to your needs.

**I give consent to record my sensitive personal data (Please check box)**  [ ]

|  |  |
| --- | --- |
| **Date:**  |   |
| **Print or Type Name:**  |   |

**UBU Registration & Consent Form O 18s**

For office use only (YP Code)

Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UBU Programme Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Young Person’s Personal Details:**  |
| **Name:** |  |
| **Date of birth:** |  |
| **Mobile number:** |  |
| **Email Address:** |  |
| **Address:** |  |

Gender: Female [ ]  Male [ ]  Other [ ]  Prefer not to say [ ]

Nationality: Irish [ ]  Other [ ]

|  |
| --- |
| **If other Nationality, please give details:**  |
|  |

**Emergency Contact Details:**

Name:

Contact Number:

**Education & employment status: (Please tick just one of the boxes below and give additional details in the space provided below)**

Mainstream Secondary School [ ]  Youthreach, Leaving Certificate Applied (LCA) and/or reduced hours [ ]

Third Level – Degree [ ]  Third Level – Non-Degree (eg PLC, Further Education and Training, Apprenticeship) [ ]

Employed (Full & Part-time) [ ]  Not in Education, Training or Employment [ ]

|  |
| --- |
| **Please give additional details on above including a secondary school name and address if relevant:** |
|  |
|  |
|  |

|  |
| --- |
| **MEDICAL INFORMATION: For safety reasons all participants must provide information of any underlying medical condition prior to joining. Any changes must be notified in writing.**  |
| GP Details:  | Name: Phone Number:Address: |
| Is there any reason why you should **not take** part in any physical activity or sport?**If YES, please give more detail:** | Yes [ ]  No [ ]  |
| **Please detail any medication** that you may be required to carry or self-administer:  |  |
| Do you suffer from anaphylactic shock? | Yes [ ]  No [ ]  |
| Please indicate if you have any special dietary requirements:  |  |

**SENSITIVE PERSONAL INFORMATION**

**Ethnic/Cultural Background (using the Irish Census, 2016 categories):**

**White:** Irish [ ] Irish Traveller [ ] Any other white background [ ]

**Black or Black Irish:** African [ ] Any other black background [ ]

**Asian or Asian Irish:** Chinese [ ]  Any other Asian background [ ]

**Roma** [ ]  **Other, including mixed background** [ ]

**ADDITIONAL SUPPORT NEEDS: Are there any other additional support needs that LYS should be aware**

**Of**

**I** **confirm that the information provided above is true and accurate to the best of my knowledge**

**Please tick box)** [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by:**\*Type name if filling in online | **\*** | **Print name:** | **\*** |
| **Date:** |  |

**Consent Form**

 **(Please read each question and tick ü as appropriate)**

|  |
| --- |
| **Name of Young Person:**  |
| I agree to participate in agreed weekly activities and/or programs and I accept that Limerick Youth Service has no responsibility for me outside of these agreed times\*. | [ ]  |
| I understand that I must abide by agreed rules and procedures and failure to do so could result in my missing out on planned activities or events.  | [ ]  |
| In the event of an accident / illness requiring emergency treatment and failure to make contact with any of the persons listed on this form, I agree to give consent to the administration of treatment from a trained first aider, if available, or by a suitably qualified medical practitioner.  | [ ]  |
| In the event of a minor injury, I agree to give consent to the administration of first aid  |[ ]
| I give permission for LYS to contact the young person via text message or telephone call in relation to upcoming activities, venues and times etc. |[ ]
| I agree to participate in programme evaluation activities. These activities may include surveys and group discussions and will inform written reports/publications. This is to ensure a high quality service with positive impacts for young people. Participation is voluntary, data gathered is confidential and stored securely in line with General Data Protection Legislation (GDPR), 2017.  | [ ]  |
| I consent to having my photograph taken and/or being filmed for the purpose of project publicity or reports to funders by Limerick Youth Service.  | **Yes** [ ]  **No** [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by:**\*Type name if filling in online | **\*** | **Print name:** | **\*** |
| **Date:** |  |

**\*All activities and programmes are risk assessed and all venues are preapproved by Limerick Youth Service. Appropriate supervision is provided.**