



To be completed when input to Youthbase
Date: _____ / _____ / 200____
Location: _____
NYAID: _____

Youth Base Personal Information

Project: _____ Date of Birth: _____
Name: _____ Age: _____
Are you? Female Male
Your Address: _____

Postcode: _____
Telephone No: _____ Mobile No: _____
Email address: _____ School/College: _____

Employment & Education

How would you describe yourself:

- Asian or Asian British Bangladeshi
- Indian
- Pakistani
- Other Asian background
- Black or Black British African
- Caribbean
- Other Black background
- Chinese Chinese
- Dual Heritage White & Asian
- White & Black African
- White & Black Caribbean
- Other Dual Background
- White British
- Irish
- Other White Background
- Other Other Ethnic Group
- Prefer not to say

- Are you?
- College (Full Time)
 - Carer
 - School
 - Unemployed Claiming
 - University (Full Time)
 - Voluntary Work
 - Employed (Full Time)
 - College (Part Time)
 - Home Maker
 - Training Scheme/ New Deal
 - Unemployed Not Claiming
 - University (Part Time)
 - Employed (Part Time)
 - Prefer not to say

Emergency Contact

Name of Contact: _____ Telephone No: _____
Relationship of emergency contact to yourself: _____
Would you describe yourself as having a disability? Yes No
If yes, how would you describe your disability: _____

Continued



Medical Information: _____

Name of Doctor: _____

The information provided on this form will be used for statistical and office information only and will not be disclosed to any 3rd party. The authority is registered to hold this information within the terms of the Data Protection Act 1998. If you do not wish your info to be held by the Local Education Authority please tick

Young person signature: _____

Youth Worker: _____

Date: _____

