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| Application and Parental Consent Form |
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Please type or use BLOCK CAPITALS throughout

| Details of Event | |
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| Name of Event | Senior Moyallon Camp 2019 |
| When it is taking place (Date and Time) | 5th July 2019 7.00pm – 12th July 2019 11.30am |
| Where it is taking place | Moyallon Centre, 117 Stramore Road, Portadown, Craigavon |
| If you would like more information or to discuss the event with a Leader please contact | Name Judith Poole |
| | Contact phone / email 07542000267 / info@moyalloncamp.co.uk |
| Please return this form to the named person | Name: Judith Poole Address: 130 Ardcarne Drive, Belfast, BT5 7RT Email: info@moyalloncamp.co.uk By no later than: 16th June 2019 |
| Cost of event and payment details | <p>The cost of the event is £110.</p> <p>Payment can be made via the following methods;</p> <p>By cheque: Please make cheques payable to Moyallon Camp Fellowship. Please note that we can only accept sterling payment and cannot accept euro cheques.</p> <p>By cash: The full amount can be paid on arrival. Please note that payment in cash should be made in sterling.</p> <p>By Bank Transfer: Please remember that your application form must still be returned by 16th June.</p> <p>Account Number: 65651067 Sort Code: 089299 IBAN: GB54 CPBK 0892 9965 6510 67 BIC: CPBKGB22</p> <p>Tick if paid by Bank Transfer <input type="checkbox"/></p> |

| General Information -All Participants to complete this section | | |
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| Name of Participant | First name | Surname |
| Name they are usually known by if different | | |
| Address | | |
| Date of Birth | | Age |
| Parental Contact Information -Section to be completed if Participant is under 18 | | |
| Name of Parent/Guardian | Relationship to Participant (e.g. Mother/ Father): | |
| | First name | Surname |
| Phone number of Parent/Guardian | Home | Mobile |
| Alternative adult contact (in case of emergency) | Relationship to Participant: | |
| | First name | Surname |
| Phone number of alternate contact | Home | Mobile |
| Next of Kin Contact Information -Section to be completed if Participant is over 18 | | |
| Next of Kin | Relationship to Participant: | |
| | First name | Surname |
| Phone number of Next of Kin | Home | Mobile |

| Medical information / Special requirements -All Participants to complete this section | |
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| GP Name | GP Phone Number |
| Details of any known conditions, allergies, etc. (eg asthma, diabetes, epilepsy) | |
| Please list names and amounts of any medication being taken | |
| Does your child usually hold and administer their own medication? | Please circle Yes No |
| Are you happy for them to do so during this event? | Please circle Yes No |
| Is there any other information, special needs, requirements or directions that would be helpful for the leaders to know about e.g. dietary requirements, allergies etc. | |
| Do you give permission for a leader to administer paracetamol/ibuprofen to the participant if required for pain? | Please circle Yes No |
| Attendance and Travel Arrangements - Section to be completed if Participant is under 18 | |
| Will your child be attending the full event | Please circle Yes No |
| If No please say when we can expect your child to arrive and/or to leave the event | |
| Will your child be travelling to the event as part of a group | Please circle Yes No Please explain |

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| Consent by Parent/Guardian - Section to be completed if Participant is under 18 | | | |
| I give permission for my child to attend and to participate in all the activities during the event. | | Please circle | |
| If you have any concerns please contact the Leader as above. | | Yes | No |
| I am aware that some of the activities involve photography and videoing which may be used for future events or in Quaker publications. I give permission for my child to be involved and for these images to be used | | Please circle | |
| | | Yes | No |
| <p>I will inform the leaders of any important changes to my child’s health, medication or needs and also of any changes to our contact details provided above.</p> <p>In the event of illness or accident, having parental responsibility for the above named child, I give permission for basic first aid to be administered by the Leaders where considered necessary, or medical treatment to be administered by a suitably qualified medical practitioner. If my child should require emergency treatment, I authorise the Leader to seek this, and in turn the Leader will do their utmost to contact me.</p> <p>I have explained to my child that the use of alcohol, mind altering and illegal drugs are not allowed, and if found could result in them being sent home. I have also discussed with them the need for respectful, helpful and responsible behaviour during the event.</p> <p>I confirm that the above details are correct to the best of my knowledge.</p> | | | |
| Name and Signature of Parent/Guardian | Name | Signature | |
| Date | Email address | | |
| I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee to contact me if needed in connection with this event. | | Please circle | |
| | | Yes | No |
| I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee/Youth Co-ordinator to inform me of future events being organised by Senior Moyallon Camp Committee. | | Please circle | |
| | | Yes | No |

| Consent by Participant - Section to be completed if Participant is over 18 | | |
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| I am aware that some of the activities involve photography and videoing which may be used for future events or in Quaker publications. I give permission to be involved and for these images to be used . | Please circle Yes No | |
| <p>I will inform the leaders of any important changes to my health, medication or needs and also of any changes to the contact details provided above.</p> <p>In the event of illness or accident, I give permission for basic first aid to be administered by the Leaders where considered necessary, or medical treatment to be administered by a suitably qualified medical practitioner. If I should require emergency treatment, I authorise the Leader to seek this, and in turn the Leader will do their utmost to contact my next of Kin.</p> <p>I am aware that the use of alcohol, mind altering and illegal drugs are not allowed, and if found could result in me being sent home. I am aware of the need for respectful, helpful and responsible behaviour during the event.</p> <p>I confirm that the above details are correct to the best of my knowledge.</p> | | |
| Name and Signature of Participant | Name | Signature |
| Date | Email address | |
| I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee/Youth Co-ordinator to inform me of future events being organised by Senior Moyallon Camp Committee. | | Please circle Yes No |
| I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee/Youth Co-ordinator to inform me of future events being organised by Senior Moyallon Camp Committee. | | Please circle Yes No |

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| <p>Data Protection</p> <p>We are collecting this information so as to help ensure that activities for children and young people organised by Friends are in compliance with the Child Safeguarding Policy in place within the Religious Society of Friends. The purpose of the policy is to protect children and young people from harm.</p> <p>If you are unable to supply the information requested, then we will be unable to register your child to attend the event. Only those specifically involved in the organisation of each event will have access to the information contained in this form. We will NOT pass on this information to anyone else.</p> <p>This form will be kept in a securely locked area or a password protected computer by the Convenor of the relevant organising committee, the Clerk of Ireland Yearly Meeting Education Committee or a designated Committee Member. Completed forms will be kept indefinitely. If your child does not attend, the Application form will be destroyed immediately after the event. A template recording the names of the children attending the event along with the names of the adults Leaders present will also be completed and maintained indefinitely.</p> <p>If you are concerned about the way your information is being handled please contact the Clerk of Education Committee at iymec@quakers.ie</p> <p>You also have the right to bring your complaint to the Data Protection Commissioner.</p> |
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