**NI NCS Autumn 2018 Consent Form**

**For Office Use**

**Date received:**

**Payment received:**

**Bursary applied for:**

**Local delivery provider:**

**SECTION 1 – ABOUT YOU – THE PARTICPANT SHOULD COMPLETE THIS SECTION**

***1. YOUR DETAILS***

First Name:…………………………………………Last Name:…………………………………………………………….

First Line of Address:……………………………………………………………………………………………………………

Town/City:…………………………………………………………County:…………………………………………………

Team applied for (from the list provided on page 2) in order of preference:

1.………………………………………………………………………………………………………………………………….

2…………………………………………………………………………………………………………………………………..

Postcode:………………………………………………………………………………………………………………………

Date of Birth:…………………………………………Age on 26th October 2018……………………………………….

If you are aged 18 before 30/10/2018, please state case for inclusion (see notes above)

……………………………………………………………………………………………………………………………………

Mobile Number:………………………………………………………………………………………………………………

Email Address:…………………………………………………………………………………………………………………

Gender (please circle): Male/Female/Other – please state………………………………………………………..

Facebook/Twitter……………………………………………………………………………………………………………..

School/College………………………………………………………………………………………………………………..

***What is your T-shirt size?***

S☐ M☐ L☐ XL☐ XXL ☐

***How did you hear about NCS?***

School/college☐ Word of mouth☐ Advert☐

Facebook/Twitter/social media☐ Media article/programme☐

Youth group/organisation☐

The following information is to monitor if our NCS teams are representative of young people in Northern Ireland. If you don’t want to answer these questions, it will not affect your application.

***What best describes your community background? (Please tick one)***

Protestant community background☐ Catholic community background☐

Mixed (Catholic/Protestant) community background☐

Different community background from those above☐

Prefer not to say☐

***What best describes your ethnic background? (Please tick one)***

White☐ Traveller of Irish heritage ☐ Traveller of Roma heritage ☐

Any other White background ☐ Indian☐ Pakistani☐

Bangladeshi☐ Any other Asian background☐

Chinese☐ Black Caribbean☐

White and Black Caribbean☐ Black African☐ White and Black African☐

White and Asian☐ Any other Mixed background☐ Arab ☐

Any other Black background☐ Any other ethnic group☐

None of these☐ Prefer not to say☐

**Are you eligible for free school meals?**

Yes☐ No☐ N/A☐

***Acceptance***

1. I have read and accept the privacy policy, section 11 of the terms & conditions.

**☐ Please tick box if you agree**

1. I give consent for my image to be used for promotional and evaluation material

**☐ Please tick box if you agree**

**3.** I agree that my email address can be used by Co-operation Ireland, NCS Trust and my local NCS delivery provider so that I can be kept informed about further opportunities and offers available to be as an NCS participant

**☐ Please tick box if you agree**

**Now your bit’s done – please pass on to your parent or guardian to fill in the rest.**

**SECTION 2 – PARENT/GUARDIAN DETAILS, MEDICAL INFO AND CONSENT**

***Parent/Guardian Details*** (in case of emergency, we will use these details in the order detailed below – please provide at least 2 contacts and numbers where you can be easily contacted at all times. At least one of these must be a parent or guardian)

**Contact 1**

Name:……………………………………………………………………………………………...

Relationship to participant (parent/guardian):…………………………………………...

Contact details: (Mobile)………………………………………………………………………

(Home)………………………………………………(Email)……………………………………

**Contact 2**

Name:……………………………………………………………………………………………...

Relationship to participant (parent, family member, friend etc.)……………………..

Contact details: (Mobile)………………………………………………………………………

(Home)………………………………………………(Email)……………………………………

***Consent for water related activities***

During NI NCS the participant may get to take part in water related activities which may include but are not limited to swimming, kayaking, canoeing and rafting. While this list is not exhaustive please indicate below if you are happy for the participant to take part in such activities.

**Please tick here to give consent for the participant to participate in water related activities☐**

***Disclaimer and Medical Statement***

***It is important for the welfare and safety of the participants that you declare all medical conditions and information. In most cases it will not prevent the individual from participating but will allow us to provide suitable support for their needs.***

*Please tick the relevant box and provide further information if required*

Does the participant have a disability, either learning or physical? yes☐ no☐

Does the participant have any injuries, weakness, medical conditions, recurrent illnesses or allergies which may affect, or be affected by, exercise or physical contact? yes☐ no☐

Is the participant taking any medication or undergoing treatment that needs to be continued during the programme? yes☐ no☐

Is the participant known to be allergic or sensitive to anything (e.g. penicillin, aspirin or food types.)? yes☐ no☐

Does the participant have any specific dietary requirements (e.g. vegetarian/vegan etc.)?

yes☐ no☐

Does the participant have any other particular additional needs that the delivery staff should be aware of? yes☐ no☐

If you have answered yes to any of the above questions, please give further details and any action/recommendations/medication required and/or any activity in which the participant cannot be involved. Continue on a separate sheet if necessary.

PLEASE NOTE:

* Staff are not permitted to take responsibility for or to administer medicines. You are therefore responsible for ensuring that any medicine is available and taken correctly.
* You understand that whilst involved in programme activities, the participant will be under care of the delivery staff and other suitably approved adults. Whilst we take all reasonable care of participants you acknowledge that in the absence of our negligence, participation in the programme is at your sole risk and that we shall not be liable for damage or injury arising from activities.
* In the unlikely event of an accident occurring, you provide your permission for us to seek emergency medical treatment, including use of anaesthetic if deemed necessary.

**Please tick here to confirm you accept our disclaimer and medical statement ☐**

***Acceptance***

**1.** I confirm that I have read and understood the terms & conditions, that all relevant information about the participant is correct and that I accept on behalf of myself and the participant all such conditions.

**☐ Please tick box**

**2.** I give consent for the participant’s image to be used for promotional and evaluation material (Terms & Conditions Section 12)

**☐ Please tick box**

**3.** I confirm that I have disclosed all necessary information regarding the participant’s medical and/or additional needs while on programme.

**☐ Please tick box**

**4.** I have read and accept the privacy policy (Terms & Conditions Section 11)

**☐ Please tick box**

**5.** I agree that the participant and parent/guardian contact details may be shared with NI NCS delivery partners for the purposes of facilitating participation in the programme, and for subsequently sharing information about further opportunities available to the participant as an NCS graduate.

**☐ Please tick box**

**6.** I understand and accept the need for acceptable and responsible behaviour on the participant’s part and have read and understood Section 9 of the terms & conditions regarding discipline.

**☐ Please tick box**

**7.** I confirm I have full authority to sign on behalf of the participant.

**☐ Please tick box**

Name of signatory (block letters)……………………………………………………………………………………….

Status (e.g. parent, guardian, carer)…………………………………………………………………………………

Signature…………………………………………………………………………………………………………………….

Date………………………………………………………………………………………………………………………….

Please return completed form to **NCS, St. Columb’s Park House, 4 Limavady Rd, Derry/Londonderry, BT47 6JY** or scan to [**NCS@StColumbsParkHouse.org**](mailto:NCS@StColumbsParkHouse.org)

**A close up of a sign

Description generated with high confidence**

**NI NCS BURSARY APPLICATION AUTUMN 2018**

Participation in NI NCS autumn 2018 costs £35. If you feel that you are unable to pay this fee and if 1 or more of the below apply to you, you can apply for a bursary to cover it. Please return this form along with your consent and medical form. Statements refer to the young person who is applying for NCS.

Name of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am receiving free school meals

I am receiving the 16-19 Bursary or Education Maintenance Allowance at the highest rate (£30 per week in Northern Ireland)

Someone in my family (with whom I live) is receiving Income Support or income-based Jobseeker's Allowance or Employment and Support Allowance, and the benefit includes an element to help meet my needs.

I am newly homeless

I live in emergency housing

I am newly arrived in the country and have leave to stay

I am a carer

I am living independently

Any other circumstances not listed above?

Signatory name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status (e.g.parent/guardian,carer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your application will be considered by St. Columb’s Park House in conjunction with Co-operation Ireland (NCS lead provider in Northern Ireland) and we will inform you of our decision as quickly as possible. Please note that you do not need to provide evidence of the above at this point but you may be asked to do so in order to support your application.