

# 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 26<sup>th</sup> 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

**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**

2. 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**



**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.....

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)



POWERED BY



St. Columb's Park House  
THE HEART IN THE PARK

## 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.