NI NCS Autumn 2018 Consent Form

or Office Use Date received:	
ayment received:	
ursary applied for:	
ocal 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:	Cou	nty:	
Team applied for (from the list provided on page 2) in order of preference:			
1			
2			
Postcode:			
Date of Birth:	Age on 26 th Oo	ctober 2018	
If you are aged 18 before 30/10/2018,	please state case for i	nclusion (see note	es 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/prog	ıramme□	
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.

	background? (Please tid	,	
Protestant community background□ Catholic community background□			
Mixed (Catholic/Protestant) community background□			
Different community background from those above□			
What best describes your ethnic bac	kground? (Please tick on	ne)	
White□ Traveller of	Traveller of Irish heritage \square Traveller of Roma heritage \square		
Any other White background \Box	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 back	ground	
Any other Black background \Box	Any other ethnic group	p□	
None of these□	Prefer not to say \square		
Are you eligible for free school meals?			
Are you eligible for free school meals	s?		
Are you eligible for free school meals Yes□	s? No□	N/A□	
	No□ Drivacy policy, section		
Yes Acceptance 1. I have read and accept the part of	No□ privacy policy, section	11 of the terms & conditions.	
Yes Acceptance 1. I have read and accept the particle box if you agree	No□ Drivacy policy, section The section of the used for promotion of the used for the used fo	11 of the terms & conditions.	
Acceptance 1. I have read and accept the part of the	No Drivacy policy, section o be used for promotion can be used by Co-o hat I can be kept infor	11 of the terms & conditions.	

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 me conditions and information. In most cases it will not prevent the individual from powill 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 ill allergies which may affect, or be affected by, exercise or physical contact?	nesses or yes□ no□
Is the participant taking any medication or undergoing treatment that needs to be during the programme?	e continued yes□ no□
Is the participant known to be allergic or sensitive to anything (e.g. penicillin, aspir types.)?	in or food yes□ no□
Does the participant have any specific dietary requirements (e.g. vegetarian/veg	gan etc.)? yes□ no□
Does the participant have any other particular additional needs that the delivery aware of?	staff should be yes□ no□
If you have answered yes to any of the above questions, please give further deta action/recommendations/medication required and/or any activity in which the process of the commendations of the above questions, please give further details.	· ·
 PLEASE NOTE: Staff are not permitted to take responsibility for or to administer medicines therefore responsible for ensuring that any medicine is available and take You understand that whilst involved in programme activities, the participal care of the delivery staff and other suitably approved adults. Whilst we take reasonable care of participants you acknowledge that in the absence of negligence, participation in the programme is at your sole risk and that we liable for damage or injury arising from activities. In the unlikely event of an accident occurring, you provide your permission emergency medical treatment, including use of anaesthetic if deemed not 	n correctly. nt will be under ke all our e shall not be n for us to seek
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

Please return completed form to NCS, St. Columb's Park House, 4 Limavady Rd, Derry/Londonderry, BT47 6JY or scan to NCS@StColumbsParkHouse.org





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 Educa (£30 per week in Northern Ireland)	ation Maintenance Allowance at the highest rate
	e) is receiving Income Support or income-based Support Allowance, and the benefit includes an
I am newly homeless	
I live in emergency housing	
I am newly arrived in the country and have	e 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.