

NI NCS Autumn 2019 Consent Form

For Office Use
Date received:
Payment received:
Bursary applied for:
Local delivery provider:

SECTION 1 – ABOUT YOU – THE PARTICIPANT 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 25th October 2019.....
If you are aged 18 before 29/10/2019, 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 ☐

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.....

Please retain the information and terms and conditions pages, and return completed form to Corinna Crooks, Co-operation Ireland, Unit 5, Weaver's Court, Linfield Road, Belfast, BT12 5GH or scan to ccrooks@cooperationireland.org