## Adventurer/Staff Application Form



SEC Area 8 Adventurer Curriculum Camp

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| 4C_3  **Eaton Vale Scout and Guide Activity Centre**  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  26th May – 29th May, 2017 |  | **Area 8** |

**Adventurer Clubs**

**Cost: £37 per Adventurer (Accommodation, Resources & Food).**

**Cost: £40 per Adult (Accommodation, Resources & Food).**

Club Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adventurer Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach Photo here**

Camper’s Details

Campers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_\_

Age \_\_\_ Parent’s/Guardian’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photography Consent

Current regulations relating to The Data Protection Act 1998 requires that we obtain your consent for images taken of your son/daughter (under 18 years) which are used in either video or still shots. Only first names might be used and/or the name of the club to which they are a member. For further information on our Photographic Policy, please contact the SEC Office. As images will be recorded at all events you may wish to consider this in your application if consent is not given.

Please read the photography consent section above and tick yes if you give consent. YES, NO

Child Protection - Staff

Criminal Records Bureau Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child protection training: have you done the KCFS training? YES, NO

*Every person over the age of 16years must have a DBS certificate,*

I hereby give permission for my child to attend this event and to take part in the activities arranged. I agree to notify the leaders should there be any change to the information given.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

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| --- | --- | --- | --- |
| Area 8 Adventurer Coordinator Tyronne Waldron  +44 795 606 7485  [tyronne.waldron@gmail.com](mailto:tyronne.waldron@gmail.com) | Administrative Assistant  Kim Roberts-Waldron  +44 7904 197510  [ktahira1@yahoo.co.uk](mailto:ktahira1@yahoo.co.uk) |  |  |

## Medical Form

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| 4C_3  Church Lane, Eaton, Norwich, Norfolk, NR4 6NN  Curriculum Camp 26th May – 29th May, 2017  Medical Form |  | **Area 8** |

**Adventurer Clubs**

CLUB NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AREA \_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_\_ Age \_\_\_\_

Parent’s/Guardian’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details:**

|  |
| --- |
| =YES=NO |
| **Have you had:** | | **Do you wear:** | Please give the date of the last tetanus injection \_\_/\_\_/\_\_.  If you are currently taking medicine please give the name of the drug and dosage details  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any food allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rheumatic fever:  | | Glasses:  |
| Asthma:  | | Contact lenses: |
| Fainting spells:  | | Dentures:  |
| Diabetes:  | |  |
| Kidney Disease:  | | **Are you allergic to:** |
| Heart trouble:  | | Penicillin:  |
| Menstrual problems: | | Anaesthetic:  |
| Hernias:  | |  |
| Travel sickness:  | | Tetanus injection in last 5 years?  |

Name of GP/Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surgery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_ GP/Doctor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information**

If there is anything else that should be considered by the club, relating to the health and/or ability of the above mentioned person, please state clearly below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorisation**

This health report is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me. In the event of an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalise or treat including proper anaesthesia, injection, or surgery for the person this form applies to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian