

SEC Pathfinder Staff and Leaders Training (PSaLT) Application Form

Event

20 March (Orientation day [FREE]), 1-3 April (MG & PLA training [£20]), 27-30 May (MG & PLA training [£25]), 28-30 October (MG & PLA training [£20]).

Please indicate the event you have booked to attend by deleting above as appropriate.

Participants must provide and cook their own food. You bring your own tent, sleeping bag etc.

Club name. ↑↑↑↑↑

To be completed by every person attending the event



Course attending

Please indicate which staff training programme you intend to attend. Please book online at the SEC Store, you may need to get your club leader to do this as it is in the EVENTS section which is RESTRICTED.

Master Guide / Pathfinder Leadership Award

NB: All applications should be received no later than 14 days prior to the event start date.

Attendee Details

Title: Mr / Mrs / Miss / Other (please specify) _____

Surname: _____

First Name(s): _____

Date of birth: ___ / ___ / _____ Age _____

Address: _____

Postcode: _____

Child protection:

Criminal Records Bureau Certificate Number: _____

Child protection training: have you taken the churches latest training yes/no

Every person over 16 years of age must have a CRB certificate, done through the SEC, dated within three years. Without this the person may not be allowed to attend.

Transportation Consent

The event organisers are able to provide transport for under 18's to and from certain off-site activities and are required to obtain your permission beforehand. This transport will be either in a minibus /car/coach and the following principles will be

- All drivers will have undertaken a Criminal Records Bureau or voluntary Self Disclosure check
- Transport will be provided in vehicles that are roadworthy under UK law.
- All minibus drivers are over 25 years of age.
- Seat belts will be worn at all times by all occupants of the vehicle.

Please sign here to indicate your consent: -->

To be completed for every under 18 attending an event:



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's) 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 sign here to indicate your consent: -->

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

Signed: _____

Date: ___/___/___

Please note that all sections must be completed in full before submitting this form.

Medical Form

Attendee Details

Title: Mr / Mrs / Miss / Other (please specify)

Surname: >

First Name(s): >

Health Information

Name of Family Doctor: >

Telephone: >

G P Surgery Address: >

Fax No: >

GP Surgery Email Address: >

NHS Number >

Please tick if you have / have had any of the following:

Rheumatic fever--

Asthma--

Fainting spells--

Diabetes--

Hayfever--

Heart trouble--

Hernias--

Travel sickness--

Epilepsy--

Kidney Disease--

Date of last tetanus injection ___ / ___ / ___

Please give details of any current / past illnesses or medical conditions of which we should be aware (please continue on another sheet of paper if necessary).

Are you taking any medication?

Yes / No

If yes, please give name of drug and dosage details?

Any medicines required during the camp should be clearly labelled with the name and exact dosage details (and should be handed to the club leader before departure if under 18).

Do you have any known allergies (e.g. to foods, medicines, vaccines etc).

Yes / No

If yes, please give details.

Are there any behavioural challenges that the organisers should be aware of?

Yes / No

If yes, please specify.

Emergency Contact Details

Title: Mr / Mrs / Miss / Other (please specify) _____

Surname: _____ First Name: _____

Relationship to attendee: _____

Address if different from applicant: _____

Postcode: _____

Daytime Contact No.: _____ Evening Contact No.: _____

Email: _____ Mobile: _____

Medical Consent

To be completed by the parent / guardian if the attendee is under 18 years of age.

If it becomes necessary for your child to receive medical treatment and you cannot be contacted by telephone or any other means to authorise this, please sign below to indicate your consent to any necessary medical treatment and authorise the event leader.

Signed: _____

Date: ___/___/___