



# Holiday Club Team

29 July-2 August 2019

## Application Form

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO THE PARISH OFFICE**

*This is an application form, not a guaranteed place on team. You will be sent a confirmation of your place by e-mail.*

*If you have any questions then contact [holidayclub@stpetersfarnborough.org.uk](mailto:holidayclub@stpetersfarnborough.org.uk)*

**NAME (BLOCK CAPITALS):**

### Over 18s

**E-mail address:** .....

- I agree to attend appropriate training in advance of Holiday Club.
- I agree to read and abide by the St Peter's Child Protection 'Frequently Asked Questions'.
- I understand that I may not take still or moving images during Holiday Club. I acknowledge that I may be included in both still and moving images/audio taken during Holiday Club and related activities by our designated staff, which may appear on church displays, publications and the church website and social media pages.
- I acknowledge that the children's/youth team may use email addresses and mobile numbers where appropriate.

**Signed:** ..... **Telephone Number:** .....

#### Emergency Contact Details for Holiday Club Week:

**Name:** ..... **Phone No:** ..... **Relationship:** .....

*Please provide medical details overleaf.*

### Under 18s

**Age (as at 29/07/19):** ..... **Date of Birth:** ..... / ..... / .....

**Your E-mail address:** .....

- *I understand that the position I am applying for comes with responsibility and, whilst I am not legally responsible for the children, I am part of the team and must act responsibly.*
- *I understand that I may not take still or moving images during Holiday Club.*
- *I agree to read and abide by the St Peter's Child Protection 'Frequently Asked Questions'.*
- *I understand that if my behaviour is unacceptable I may be asked to leave Holiday Club.*

**Signed:** ..... (Young Person)

**Parent's E-mail address:** .....

- *I agree to my child named above being involved in leading at Holiday Club and the associated training events.*
- *I acknowledge that my child may be included in both still and moving images/audio taken during Holiday Club and related activities by our designated staff, which may appear on church displays, publications, the church website and social media pages.*
- *I acknowledge that the children's/youth team may use email addresses and mobile numbers where appropriate.*
- *In the event of illness or an accident requiring emergency hospital treatment for my child I authorise Helen Smith, Chloe Pollington or Matthew Swires-Hennessy to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the clinician.*

**Name:** ..... **Signed:** ..... (Parent/Guardian)

**Telephone Number:** .....

#### Emergency Contact Details during Holiday Club Week:

**Name:** ..... **Phone No.:** ..... **Relationship:** .....

*Parents please provide medical details below.*

**P.T.O**

<b>I am applying to be involved with:</b>	
Children's Groups Years R & 1	
Children's Groups Years 2 to 4	
Children's Groups Years 5 & 6	
First Aid	
Site Team	

It would be great if you could help all week, but if you are only able to help for part of the week, or half-days, then please specify:

I would also like more information about being involved in:  
Band/Drama (delete as appropriate).

**SOCIAL EVENTS:**

To help Holiday Club run smoothly and safely you **MUST** attend one of the social events. There will be team building games as well as a short training session. Please tick which one you will be attending (They will be **identical**). *If you would like to be involved in Holiday Club but cannot attend a social then contact Helen or Chloe.*

Thursday 27<sup>th</sup> June, 7:30pm-9.30pm (cheese and biscuits/pudding)

**or**

Saturday 13<sup>th</sup> July, 9:30am-11.30am (breakfast pastries)

**Medical Details (Over 18s & Under 18s)**

*If the answer to any of the following questions is YES, give details in the space below.*

- 1. Are you taking any medicine or following any treatment that needs to be continued during the event? YES / NO
- 2. Do you suffer from any recurrent illness - asthma, hayfever, migraine, fits, or any other illness or disability? YES / NO
- 3. Are you known to be allergic or sensitive to anything (e.g. penicillin, aspirin, other medicines, food etc.)? YES / NO

Name and Address of Doctor: \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Date of last anti-tetanus injection (if known) \_\_\_\_\_

***Please update us if your medical details change between now and the event.***