|  |  |
| --- | --- |
|  | **Impact Activities Weekend****Youth Leaders’ Agreement****8th – 10th October 2021** |

***Please read Youth Leaders Guidance / Information prior to signing this, and ensure your Minister / Church Secretary has read it as well.***

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Home Address** |  |
|  |  |
| **Telephone** |  |
| **Email** |  |
| **Date of enhanced DBS relating to Children’s and/or Youth Work** |  |

**Youth Leader:**

I have read and understood the Youth Leaders’ Guidelines / Information and accept that I will be responsible for the young people in my care throughout the weekend

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**To be completed by Minister / Church Secretary:**

|  |  |
| --- | --- |
| **Name of Church**  |  |

I confirm that the church is sending the above-named Youth Leader to the Impact Activities Weekend as a Leader of the Young People from this Church.

I confirm that he / she has been verified according to our Safeguarding Procedures.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

***Minister / Church Secretary*** *[please delete as appropriate]*

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| Full Name |  |
| Home Address |  |
|  |  |
| Hm Telephone |  | Mobile Number |  |
| Date of Birth |  | Email |  |  |
| GP’s Name |  |  |  | Surgery Telephone # |  |
| Do you suffer from any allergies? If YES please give details |
|  |  |
| Are you on any medication or any other treatment? If YES give details |  |
|  |  |
| Do you use an inhaler? If YES, which type |  |
| Please describe any medical conditions / history that we ought to be aware of: |  |
|  |  |
| When was your last Tetanus given | YEAR:  |
| Was the primary course and booster completed? YES / NO *(please delete as applicable)* |
| In an emergency I am happy to receive any hospital treatment including an anaesthetic | YES / NO *(please delete as applicable)* |
|  |  |
| Are you on a special diet (e.g. gluten free, vegetarian) if YES give details |  |
|  |  |

|  |  |
| --- | --- |
|  | **Impact Activities Weekend****Adult Health Form****11th – 13th October 2019** |

Please give the name and address of next of kin who can be contacted in the event of an emergency:

|  |
| --- |
|  |
|  | Contact Telephone # |  |

* **I confirm that the above information is correct and up to date**
* **I confirm that I am physically fit to participate in the Impact Activities Weekend**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Data Protection Statement**

Under Data Protection legislation the Charity Trustees of the North Western Baptist Association are the Data Controller and can be contacted by ringing 01942 221595or emailing dataprotection@nwba.org.uk

We are collecting this information to enable the NWBA to run the Impact Activities Weekend safely and ensure we can contact you in case of an emergency.

Data Protection legislation allows us to process this information as we regard it as being in the Association’s legitimate interest. If you are unable to supply the information requested then we will be unable to accept your application to attend the weekend.

The information you supply will be held in paper form in a folder which will be kept in a securely locked cupboard in the Association office. Information will also be stored electronically on the Association Sharepoint which is password protected and accessed only by the NWBA Team. This information may be shared with the Impact Team as appropriate for the sole purpose of running this event.

We will destroy data in accordance with NWBA’s Data Retention Policy. Safeguarding information such as records of DBS clearance will be retained for 75 years according to our Data Retention Policy. We will NOT pass on this information to anyone else.

If you are concerned about the way your information is being handled please speak to our Data Protection Trustee. If you are still unhappy you have the right to complain to the Information Commissioners Office.