**SPIRIT DIOCESAN YOUTH GROUP APPLICANT FORM**



**Details about the Group**

|  |  |
| --- | --- |
| **Name of Group** | **Spirit Youth Group – See Brochure** |
| **Duration/Frequency of activity:** | **October – May with weekly workgroups and meetings.** |
| **Name of Organiser:** | **Colette O’Doherty; Safeguarding Co-ordinator** |

**Details of the young person:**

|  |  |
| --- | --- |
| **Name of Young Person:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Gender (please tick)** |  Male Female  |
| **Name of School attending:** |  |
| **What class/year are you in?** |  |
| **Contact information of young person (for emergency use only)** |  |

**Why do you want to join Spirit?**

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**What workgroup would you like to be in?**

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**Guardian Contact Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Daytime phone number:** | Code\_\_\_\_\_\_\_\_\_\_ Local No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Home phone number:** | Code\_\_\_\_\_\_\_\_\_\_ Local No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mobile Number:** |  |
| **Email** |  |

**Other relevant information:**

(Please mention any medical conditions, special needs or dietary requirements of young person).

Please note that the organisers cannot administer any medication. Should medication or special care be required, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures.

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**In cases of a Medical Emergency**

In the event of illness or accident, I give permission for medical treatment to be administered to my child where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency I can be contacted at the telephone numbers provided on the previous page.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Young Person’s Consent**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert first name and surname) would like to take part in the event listed above.

**(If relevant please tick the boxes below)**

I understand that during the group activities photographs may be taken and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the Diocese of Ferns.

I understand that during the group activities videos (which may include webcam) may be taken and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the Diocese of Ferns.

I understand that at the group activities I will be appropriately supervised at all times.

**Guardian’s Consent**

I agree to allow the young person named above to attend this meeting on the (insert date)\_\_\_\_\_\_\_\_\_\_, from (insert start time)\_\_\_\_\_\_\_\_\_\_\_\_\_ until (insert end time) \_\_\_\_\_\_\_\_\_\_\_\_, in accordance with the permission granted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert name of young person) above. I understand that there will be suitable supervision while the young people are in the care of the organisers.

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian Guardian**

**Relationship to Young Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Young Person Young Person**

**Data Protection**

This form will be held on file in accordance with the Data Protection Policy of the Diocese of Ferns. The data entered will be used only for the purpose indicated on the form. It may be accessed only by those with responsibility for managing records or group activities.