| **Date and Location of event:**  15th-17th March 2024  Action Centres UK Ltd, Pioneer Centre, Cleobury Mortimer, Kidderminster, DY14 8JG | |
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| **General Information** | |
| Name: |  |
| Date of Birth: |  |
| Age at the event: |  |
| Address: |  |
| Email address: |  |
| Phone number: |  |
| Group name: |  |
| Group leader: |  |

| **Emergency Contact details** | |
| --- | --- |
| **Contact 1** | |
| Name: |  |
| Relationship to attendee: |  |
| Contact number(s): |  |
| **Contact 2** | |
| Name: |  |
| Relationship to attendee: |  |
| Contact number(s): |  |

| **Medical Information** | | | | |
| --- | --- | --- | --- | --- |
| Any known medical conditions (physical or mental health): | |  | | |
| Details of any medication to be taken on the trip: | |  | | |
| Any allergies to medication: | |  | | |
| Any food allergies or dietary requirements: | |  | | |
| Any special access needs: | |  | | |
| Name and address of family doctor: | |  | | |
| NHS Number: | |  | | |
|  | | | | |
| Declaration: I give my consent to any medical or dental treatment (including an anaesthetic) that may be considered necessary by the medical authorities present in the event of an emergency. | | | | |
| Signed: |  | | Print name: |  |
| Is there any extra information of which we should be aware to enable us to provide additional support? | |  | | |

| **Multimedia Images** |
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| It is possible that during the event, you may be photographed or recorded (audio or visual). The organisers of the event will take steps to ensure that these images are used solely for the purposes that they are intended, which is the celebration and promotion of the Methodist Church’s work with children and young people. If you become aware that these images are being used inappropriately you should inform an official as soon as possible. The Methodist Church takes the issue of child safety very seriously and we believe we have a duty of care. This means that images of children and young people will remain unidentifiable, with names and identifying information being withheld. |
| **Young person to complete - \*please delete as appropriate:**  I give\*/I do not give\* my consent to be photographed and recorded and the images used as stated above. |

| **Safeguarding Declaration** | |
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| This form is to be filled out by all young people aged 18 and over attending Amplify as delegates as opposed to taking on a leadership role. This is because you will be mixing with children and young people aged under 18 throughout the weekend. This information will be treated in confidence by the Amplify leadership team. | |
| Do you have any criminal convictions, including cautions, including both ‘spent’ and ‘unspent’ convictions? This includes any convictions or cautions from outside the UK. | Yes / No |
| Has your name been placed on a list of people barred from working with children and/or adults? This will be due to behaviour which was investigated more thoroughly by the agencies, including the Police, and which resulted in you being barred. | Yes / No |
| If you answered yes to either of the above you need to make a self declaration. Please give details below, including the dates and summary of the facts of the declaration: | |
|  | |

| **I confirm that I give my consent to take part in this event/trip and that all the information I have given is accurate. I will inform the group leader as soon as possible should there be any changes to the information I have given.** | |
| --- | --- |
| Signed: |  |
| Print name: |  |
| Date: |  |