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

| **Emergency Contact details** | |
| --- | --- |
| **Contact 1** | |
| Name: |  |
| Relationship to you: |  |
| Contact number(s): |  |
| **Contact 2** | |
| Name: |  |
| Relationship to you: |  |
| 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 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** |
| --- |
| 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. |
| **Please delete as appropriate:**  I give\*/I do not give\* my consent to being photographed and recorded and the images used as stated above. |

| **Safeguarding and Wellbeing** | | |
| --- | --- | --- |
| I confirm that I have an enhanced DBS (including regulated activity) that has been / will be shown to the event organiser: |  | |
| I confirm that my Methodist Church Safeguarding Training is up to date: | Date: |  |
| Foundation or Advanced? |  |
| Do you have an in-date first aid qualification? |  | |

| **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 organiser as soon as possible should there be any changes to the information I have given.** | |
| --- | --- |
| Signed: |  |
| Print name: |  |
| Date: |  |