



POWERED BY



Date __ / __ / ____ (DD/MM/YYYY)



Young person to complete Parent or guardian to complete Both to complete

Please tell us all about you...

First Name Surname Date of Birth Male Female Home Address Postcode Mobile Home Number Email Twitter username Facebook username

Where did you first hear about NCS?

Facebook Twitter Advert At School / College Other Word of Mouth Other social media Media Article / Programme Through Youth Group / Organisation If Other (please state)

Why would you like to take part in NCS?

Blank lines for text input

Are you involved in any of the activities below?

Please tick any that apply Studying for GCSEs Studying for AS / A-Levels Studying for another Qualification Apprenticeship or Training Paid Work Voluntary Work Looking after the home or family Staying at home for another reason Nothing Don't know

Young person to complete

Parent or guardian to complete

Both to complete

Do you do any volunteering?

- No
- Yes, I have tried helping out or volunteering
- Yes, I regularly help out or volunteer
- If yes, what do you do?

Which three 16 or 17 year old friends would you like to see do NCS?

- Name ----- Contact number or email -----
- Name ----- Contact number or email -----
- Name ----- Contact number or email -----

Remember, they may not end up in the same team as you!

Ethnicity... Please tick one

- | | | | |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| White British | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Traveller of Irish Heritage | <input type="checkbox"/> | Any other Asian Background | <input type="checkbox"/> |
| Gypsy / Roma | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Any Other White Background | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| White and Black Caribbean | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Any other Mixed background | <input type="checkbox"/> | Any other Ethnic Group | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | | |

Faith / Religion... Please tick one

- | | | | |
|-----------|--------------------------|-------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | No Religion | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Prefer not to Say | <input type="checkbox"/> |

Other info...

NCS includes staying away from home and your regular environment. If you require any special resources such as prayer facilities or a same-gender group, we will do our best to accomodate your needs. Please let us know about them here:

- I have special educational needs
- I am in care or have recently left care

Young person to complete

Parent or guardian to complete

Both to complete

For Parents and Guardians to complete

Parent or guardian contact details

Parent/Guardian First Name _____ Surname _____

Parent/Guardian Address _____

_____ Postcode _____

Telephone Number (Day) □□□□□□□□□□□□□□

Telephone Number (Night) □□□□□□□□□□□□□□

Mobile number (if different from above) □□□□□□□□□□□□□□

Home number (if different from above) □□□□□□□□□□□□□□

Email _____

Facebook username (optional) _____

Twitter username (optional) @ _____

Relationship to the young person _____

(Every participant must have parental/guardian consent to take part in NCS)

Please indicate which NCS course you would prefer your child to attend:

Spring (February)

Summer (July/August)

Autumn (October)

Emergency contact details

Each participant must list two people who can be contacted in the event of an emergency.

First emergency contact *(if this is the person listed above, please leave blank)*

Name _____

Relationship to participant _____

Address _____

Telephone Number (Day) □□□□□□□□□□□□□□ (Night) □□□□□□□□□□□□□□

Second emergency contact

Name _____

Relationship to participant _____

Address _____

Telephone Number (Day) □□□□□□□□□□□□□□ (Night) □□□□□□□□□□□□□□

Young person to complete

Parent or guardian to complete

Both to complete

About the school your child attends...

School Name

School Type *please tick one of the following:*

Mainstream Secondary School or College

6th Form College

Further Education College

Faith Secondary School or College

Special Educational Needs (SEN) schools

Pupil Referral Unit (PRU)

Independent School or College

Educated at home

Not in education

Prefer not to say

Contributions

The total cost of the NCS programme and residential is over £1,000. We ask parents/guardians to contribute £50 towards this cost. There is no payment required if your child is entitled to Free School Meals.

Contribution Options

Please tick at least one

Payment

I agree to contribute £50 to the cost of my child's NCS experience

£50

I would like to pay for the place of one or more young people who cannot afford to take part (optional)

£50

£100

£150

I am exempt from payment as my child is entitled to Free School Meals

£0

Total contribution

£

Bursaries

Bursaries can be accessed in some cases to cover the cost of the contribution and the costs of accessing the programme e.g. if your child requires appropriate clothing to take part in outdoor activities. In particular, we will consider bursary applications from participants who are teen parents, not living with their parents, have caring responsibilities or those who do not have a parent/guardian who works.

Please tick here if you would like to apply for a bursary.

Payment method

We ask contributions to be made by:

Cheque payable to SFCITC to be returned with form.

Young person to complete

Parent or guardian to complete

Both to complete

Medical Information

Treatment consent

Authorisation is given for NCS staff to administer First Aid and/or transfer my child to hospital should an emergency arise.

Y N

Medication consent

Medical Permission - please tick the appropriate box

My child can administer their own medication

My child will need assistance to administer their medication

Not applicable

Medical support at residential/camping events

In the event of your child suffering from a common ailment would you agree to the following medications being offered to your child?

Paracetamol

Y N

Piriton/Chlorophenamine (to address allergies)

Y N

Ibuprofen

Y N

Participation in the NCS programme involves physical activities and learning out in the local community with businesses and the public. If your child has any medical conditions which could limit their ability to participate in any of these activities (or are currently taking any medication for any condition or illness) please provide full details below:

Wheelchair user or mobility difficulties

Blind or partially sighted

Mental health difficulties

Deaf or hearing impediment

Autistic Spectrum Disorder / Asperger Syndrome

Disability, special need or medical condition not listed above

Does your child have any special dietary requirements or food allergies?

Please enter details of any other medical conditions or allergies here:

 Young person to complete

 Parent or guardian to complete

 Both to complete

Permission Statements

Publicity and Media Statement

Throughout NCS participants take part in activities that support their personal development and promote community engagement. Occasionally staff, media and young people themselves record these activities using photographs or video. This content may be used to promote or champion the good work of NCS and its participants via newspapers, websites, social networks or other suitable promotional media. By taking part in NCS and not informing us otherwise, we assume both NCS participants and their parents/guardians accept that their image, video and comments may be used in public print, web use, display or broadcast. Any photos or videos used will be positive, and we are happy to share with you any media published. **All images and footage is kept securely and will not be used for any other purposes than those stated above.**

Please tick that you have read, understood and accept the Publicity and Media Statement

Code of Conduct

By completing and signing this application form both parent and applicant agree to the rules below:

- NCS participants are expected to take part in all programmed activities.
- Participants are not allowed to leave the residential or other site without permission from their Group Leader.
- Participants are expected to follow any emergency procedure, such as a fire drill, as directed by their Team Leader or other staff involved in the NCS programme.
- Participants are not allowed in other people's rooms or tents.
- There is a no alcohol and no smoking policy throughout all elements of the NCS programme.
- The possession, sale, purchase or use of any illegal substances is strictly forbidden.
- NCS participants should not involve themselves in dangerous activities that will cause injury to themselves, other NCS participants or staff.
- No one should engage in abusive or anti-social behaviour towards other participants or staff.

Personal Belongings Statement

I understand that each young person on the NCS remains responsible for their own property, clothing, and valuables and that neither the NCS Provider or Reed in Partnership Limited shall be held responsible for any loss, damage, or destruction which occurs to any such property, clothing, or valuables during the course of this programme.

Travel and Collections Statement

It is the responsibility of the NCS Participant to travel to and from meeting points where transport has been pre-arranged and to travel directly to and from agreed venues where transport is not pre-arranged. Where transport has not been pre-arranged NCS Participants will be allowed to leave venues without collection and during the course of the activities NCS Participants may be required to undertake travel unsupervised, either by foot or by public transport.

 Young person to complete

 Parent or guardian to complete

 Both to complete

Information Update Statement

I will advise the NCS Staff, in writing, of any changes to information on this form prior to starting NCS.

Privacy Policy

The information you have provided will be held on computerised and paper-based systems that you may access under the terms of the Data Protection Acts of 1984 and 1988. By agreeing to us storing your name and contact information, you are agreeing for it to be shared and used by the Cabinet Office, NCS contractors and their sub contractors, NCS strategic partners, fraud detection agencies, and other organisations that support the delivery of NCS now or in the future. The information you give us may be used to contact you about your NCS application, graduate opportunities, events, research, promotions, competitions, and press and communications activity related to NCS.

Our full privacy policy can be viewed at www.ncseast.co.uk/privacy. You can withdraw your consent by contacting ncs.east@reed.co.uk.

Permission

By signing below, you have read and accepted all of the above statements.

Young Person's Signature

Young Person's Name

Date

Parent/Guardian's Signature

Parent/Guardian's Name

Date

Return form to

Stevanage FC in the Community

Lamex Stadium, Broadhall Way

Stevenage, Herts, SG2 8RH

If you have any queries, please contact the NCS team on 01438 218076

Administrator Use

Actual Date of Sign Up Date entered on to system

School ID

Spring Summer Autumn



It all starts at yes

www.ncseast.co.uk