

NATIONAL CITIZEN SERVICE APPLICATION FORM



POWERED BY



To be completed by or on behalf of the Participant/s, and signed by a duly authorised parent, guardian or carer (“The Signatory”) PLEASE PRINT IN CAPITAL LETTERS

This form can be completed online at: www.NORMAN-COURT.ORG

PARTICIPANT'S DETAILS

First name:		Surname:			
Full address:					
Town / City:			County:		
Postcode:			Home Tel No:		
Mobile Tel No:			Email:		
Gender: (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say		
Date of Birth (DD/MM/YYYY):			Age:		

What was/is the last school the Participant attended?

School name:			
School postcode:			
<input type="checkbox"/> Mainstream secondary school	<input type="checkbox"/>	<input type="checkbox"/> Independent school	<input type="checkbox"/>
<input type="checkbox"/> Faith secondary school	<input type="checkbox"/>	<input type="checkbox"/> Not at school	<input type="checkbox"/>
<input type="checkbox"/> Special school	<input type="checkbox"/>	<input type="checkbox"/> Educated at home	<input type="checkbox"/>
<input type="checkbox"/> Pupil Referral Unit (PRU)	<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/>

What best describes the Participant's ethnic background? (Please tick one)

<input type="checkbox"/> White British	<input type="checkbox"/>	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/>
<input type="checkbox"/> Irish	<input type="checkbox"/>	<input type="checkbox"/> White and Black African	<input type="checkbox"/>
<input type="checkbox"/> Traveller of Irish heritage	<input type="checkbox"/>	<input type="checkbox"/> White and Asian	<input type="checkbox"/>
<input type="checkbox"/> Gypsy / Roma	<input type="checkbox"/>	<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/>
<input type="checkbox"/> Any other white background	<input type="checkbox"/>	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/>
<input type="checkbox"/> Indian	<input type="checkbox"/>	<input type="checkbox"/> Black African	<input type="checkbox"/>
<input type="checkbox"/> Pakistani	<input type="checkbox"/>	<input type="checkbox"/> Any other Black background	<input type="checkbox"/>
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/>
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/> Any other ethnic group	<input type="checkbox"/>
<input type="checkbox"/> Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the Participant's faith / religion? (Please tick one)

<input type="checkbox"/> Christian	<input type="checkbox"/>	<input type="checkbox"/> Jewish	<input type="checkbox"/>
<input type="checkbox"/> Buddhist	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> Hindu	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>
<input type="checkbox"/> Sikh	<input type="checkbox"/>	<input type="checkbox"/> Don't know	<input type="checkbox"/>
<input type="checkbox"/> Muslim	<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/>

Does the Participant have any disabilities? (Please tick)

(A disability is something that can be physical or mental and affects day to day life. It can take many forms)

<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/>
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If yes to the above, which of the following best describes the Participant's disability?			
Specific learning difficulty (eg, dyslexia)		Wheelchair user or mobility difficulties	
Blind or partially sighted		Mental health difficulties	
Deaf or hearing impediment		Unseen disability (eg, diabetes, epilepsy, heart condition)	
Autistic Spectrum Disorder / Asperger Syndrome		Disability, special need or medical condition not listed above	

Was the Participant eligible for Free School Meals during Year 11?							
Yes		No		Don't know		Prefer not to say	

Volunteering: has the Participant previously helped out or volunteered with a local group, project or organisation?	
Yes, they have tried helping out or volunteered	
Yes, they have regularly helped out or volunteered (ie, at least once a month)	
No, they haven't helped out or volunteered	

Does the Participant face any specific issues or barriers to participating in activities?			
Difficulty with numeracy or literacy		Substance mis-use	
History of offending		Teenage parent (including pregnant)	
History of truancy		Prefer not to say	
In care		Other	
Rurally isolated		Does not face any difficulties	

Please indicate the preferred size for kit							
Small		Medium		Large		Extra Large	

TRAVEL AND COLLECTION STATEMENT

PLEASE NOTE:

- *During the programme the Participant will be responsible for getting to and from agreed venues, and will be allowed to leave without collection.*
- *For the residential venues or where transport facilities are provided as part of the project, the Participant will be responsible for getting to and from the designated meeting location. Participants will not be allowed to leave other than from that location, but will be permitted to leave from that location without collection.*
- *During the activities, for example as part of the Social Action Project, the Participant may be required to undertake travel unsupervised, either on foot or by public transport.*

You give us permission to allow the Participant to leave designated locations (other than the residential or supervised trips) without collection, and to undertake some travel unsupervised

Please tick here to accept the Travel and Collection Statement

DISCLAIMER AND MEDICAL STATEMENT *Please tick the relevant box and provide further information if required*

Does the Participant have any injuries, weaknesses, medical conditions, recurrent illnesses or allergies which may affect, or be affected by, exercise or physical contact?	Yes	
	No	
Is the Participant taking any medicine or undergoing any treatment that needs to be continued during the programme?	Yes	
	No	
Does the Participant known to be allergic or sensitive to anything (eg, penicillin, aspirin or food types)?	Yes	
	No	
Is there any other medical information relating to the participant that the NCS provider staff should be aware of?	Yes	
	No	
Does the participant have any specific dietary requirements?	Yes	
	No	
If you have answered yes to any of the above questions, please state issue and any action or medication required and / or activity in which the Participant can not be involved:		
<p>Details of the participants doctor</p> <p>Name:</p> <p>Address:</p> <p>Telephone Number:</p>		
<p>PLEASE NOTE:</p> <ul style="list-style-type: none"> • <i>Staff are not permitted to take responsibility for or to administer medicines. You are therefore responsible for ensuring any medicine is available and taken correctly.</i> • <i>You understand that whilst involved in the programme activities the participant will be under the care of the community trust staff and other suitably approved adults. Whilst we will take all reasonable care of participants you acknowledge that in the absence of our negligence, participation in the programme is at your sole risk and that we shall not be liable for damage or injury arising from activities</i> <p>In the unlikely event of an accident occurring, you provide your permission for a designated representative of the community trust to authorise emergency medical treatment, including the use of anesthetic if deemed necessary.</p>		
<p>Please tick here to confirm you accept our Disclaimer and Medical Statement</p>		

PHOTOGRAPHS

PLEASE NOTE:

- *During the course of NCS, activities may be recorded through photographs and video film both for the participants to collate and celebrate their experiences but also for evaluation and promotional purposes by your NCS provider, The Mountbatten School or the Cabinet Office.*

You agree that the images may be used in media or publicity materials and celebration publications produced by those agencies.

You understand that these images may be safely stored or archived digitally or manually and may be publicised in a variety of media forms including managed social network sites.	
Please tick here to provide consent for such image(s) to be used at any time for promotional or publicity purposes	
If you do not wish your child to be included in photographs for promotional purposes, please tick this box	

EMERGENCY CONTACT DETAILS (in case of an emergency, who should we contact?)			
Name:			
Relationship to Participant: (eg, parent, neighbour or other)			
Contacts numbers:	(H)	(M)	(W)
Address:			
Additional Contact Name:			
Relationship to Participant:			
Contacts numbers:	(H)	(M)	(W)

To receive further information about your NCS and related activities or The Mountbatten School please provide a mobile number and / or email address	
Mobile:	Email:

ACCEPTANCE

I confirm that I have read and understood the conditions overleaf, that all relevant information about the Participant is correct and that I accept on behalf of myself and the Participant all such conditions. Please tick box	
I acknowledge the need for acceptable responsible behaviour on the Participant's part, and have received a copy of the Code of Conduct. Please tick box	
I agree that information provided by myself and my child can be used by The Mountbatten School and other organisations working with it for the purposes of running and evaluating the NCS summer programme. Please tick box	
I agree that my child's email address can be shared with the Cabinet Office so that he/she can be kept informed about further opportunities and offers available to him/her as an NCS participant Please tick box	
I confirm I have full authority to sign on behalf of the Participant. Please tick box	
Name of Signatory (Block letters)	
Relationship to Participant: (eg, parent, guardian, carer)	
Address (if different to Participant details above)	
Signature	
Date	

NATIONAL CITIZEN SERVICE TERMS AND CONDITIONS

1. Information about us

1.1. References in these Terms and Conditions to “we” or “us” are references to your NCS provider

1.2. You can contact us if you have queries in relation to your Booking or for any other reason by contacting:

NCS Coordinator.....

Contact Number.....

Contact Email Address.....

2. Your Booking

2.1. By filling out and signing the Booking Form you are submitting a request to book a place on the National Citizen Service programme with **your NCS provider**. All requests are subject to acceptance on confirmation of the booking and that payment has been received

3. If you have to cancel your Booking

3.1 To cancel your Booking please contact us via email, phone or post explaining that you would like to cancel. In some circumstances refunds may be issued but this will be at our discretion.

4. Our Staff

4.1. The Mountbatten School and your NCS provider is committed to safeguarding and promoting the welfare of young people and expects all staff, volunteers, parents, partner agencies and commissioned services to share this commitment.

4.2. We confirm that all our delivery staff have been subject to Enhanced Criminal Records Bureau (CRB) checks and hold suitable coaching and first aid qualifications.

5. Liability

5.1. The booking form contains certain information and disclaimers which, by signing the form, you accept that in the absence of any negligence on our part, participation in the National Citizen Service programme is at your own risk

5.2. We have public liability insurance cover of at least £5 million.

5.3. We do not accept liability for loss or theft of personal belongings that occurs while on the programme. If your child brings valuables with them this will be at your risk.

6. Complaints

6.1. We are committed to ensuring your child has a great experience but if you or your child is not entirely happy with their experience please contact the NC Co-ordinator in the first instance. If your complaint has not been resolved to your satisfaction please contact us using the contact details in Clause 1 with full details of the complaint and we will attempt to resolve it as quickly as possible.

7. Medical / Dietary / Other Requirements

- 7.1. If any child included on your Booking (a) has specific dietary requirements; (b) is taking medication; (c) has allergies; and/or (d) has any special needs that will affect his or her participation in the programme it is your responsibility to inform us of this and provide all necessary details about this at the time of Booking.
- 7.2. Please note that our staff are not permitted to take responsibility for or to administer medicines and therefore you are responsible for ensuring any medicine is available and taken correctly.
- 7.3. We will maintain a register of the participants attending the programme. Please note that participants will be able to leave the non-residential elements without the permission of parent / guardian

8. Discipline

- 8.1. Participants on the programme will be treated with respect and must treat others including staff and other participants with respect. We reserve the right to refuse to allow your child to continue attending the programme if our staff deem their behaviour to be unacceptable.
- 8.2. We have a Code of Conduct to which participants should adhere, a copy of which is supplied in the information pack

9. Data Protection

- 9.1. When you make a booking we will collect and process the personal information you provide in order to provide the services you have requested and for other specific purposes subject to your consent.

10. Images

- 10.1. During the course of NCS, activities may be recorded through photographs and video film both for the participants to collate and celebrate their experiences but also for evaluation and promotional purposes by your NCS provider, The Mountbatten School or the Cabinet Office.
- 10.2. I agree that the images may be used in media or publicity materials and celebration publications produced by those agencies. These images may be safely stored or archived digitally or manually and may be publicised in a variety of media forms including managed social network sites.
- 10.3. If you do not wish your child to be included in photographs and video materials for promotional purposes, you are required to clearly indicate this on mark the consent form

11. General

- 11.1. The Booking Form, these Terms and the Disclaimer set out the whole of the Agreement between you and us in relation to the subject matter of this Agreement and supersede any prior agreement, understanding or arrangement between us about such subject matter whether oral or in writing.
- 11.2. This Agreement shall be exclusively governed by and construed in accordance with the laws of England and Wales and you irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.