

Young People's Leadership Programmes

PRO-ACTION

The Skills & Thrills to Help Shape & Inspire Young Lives

CONSENT FORM

| | | |
|---|--------------|-----------------------------|
| Course Title: | Date: | Venue: |
| Do you need support in finding an appropriate transport route to the course venue? [Please note travel costs can be reimbursed] | | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> |

| Personal Information | |
|--|---------------------------------|
| First name: | Last name: |
| Gender: Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Date of Birth: | Age: |
| Address: | |
| Town: | |
| Postcode: | |
| Telephone: | Mobile: |
| Email: | |

| | | |
|--|---|--|
| Do you have any special needs or disabilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If YES do any of these apply: | | |
| Learning Difficulties <input type="checkbox"/> | Learning Disability <input type="checkbox"/> | Sensory Disability <input type="checkbox"/> |
| Physical Disability <input type="checkbox"/> | Mental Health Issues <input type="checkbox"/> | Multiple Disabilities <input type="checkbox"/> |
| Long term/Life limiting illness <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | Other: |

| |
|---|
| If YES, please describe how we could give you extra support: |
| |

| Volunteering | | |
|--|------------------------------|-----------------------------|
| Do you have a volunteer placement to complete your volunteer hours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If YES please complete: | | |
| Name of Placement: | | |
| Position you will be volunteering as: | | |
| If NO please complete: | | |
| Currently looking for a placement and will find one on my own <input type="checkbox"/> | | |
| I need help finding a placement <input type="checkbox"/> | | |

| | | |
|--|------------------------------|-----------------------------|
| Have you done any volunteering in the last 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If YES please complete: | | |
| Name of Placement: | | |
| Position you volunteered as: | | |

| | | | | | |
|----------------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|------------------------------|
| What is your Jumper Size? | S <input type="checkbox"/> | M <input type="checkbox"/> | L <input type="checkbox"/> | XL <input type="checkbox"/> | XXL <input type="checkbox"/> |
|----------------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|------------------------------|

| Medical Details | | |
|--|------------------------------|-----------------------------|
| Do you have a medical condition requiring medical treatment or medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have an allergy to certain medications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If needed are you able to administer your own medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please give any details of medical conditions/treatments or allergies to medication below:

I wish to draw the following to the group leaders attention: (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments other conditions that may affect my fitness to participate in certain activities)

| Dietary Details | | |
|---|------------------------------|-----------------------------|
| Do you have any special dietary requirements? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If YES please give details: | | |

| Doctors Details | |
|-------------------|--|
| Name: | |
| Address: | |
| Telephone Number: | |

| Emergency Contact Details |
|---|
| FOR INSURANCE PURPOSES WE REQUIRE 2 DIFFERENT EMERGENCY CONTACTS TO BE FILLED IN ON THIS FORM. IT IS ESSENTIAL THIS SECTION IS COMPLETED TO BE BOOKED ON THE COURSE. |

| Emergency Contact 1 | |
|----------------------------|---------------|
| Name: | Relationship: |
| Address: | Postcode: |
| Day time Telephone Number: | |
| Evening Telephone Number: | |

| Emergency Contact 2 | |
|----------------------------|---------------|
| Name: | Relationship: |
| Address: | Postcode: |
| Day time Telephone Number: | |
| Evening Telephone Number: | |

| General Information |
|---|
| Please use this box to include any additional information to detail possible blocks to joining the programme or where additional support may be required? (e.g. offending behaviour, negative experiences, behaviour triggers, level of independence/supervision needs etc) |

How did you hear about this Pro-Action training course?

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Consent and Declaration

I have received and understood the details of the course.

I agree that the young person named overleaf:

- can be transported in the private vehicles of staff/volunteers supervising the visit as well as private hire vehicles;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary.
- Gives permission for Pro-Action in Hertfordshire to use your moving images and/or photos and recordings for promotional purposes

I undertake to inform the Group Leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

| | | | |
|--------------------|--|----------------------|--|
| Signed: | | Date: | |
| Print Name: | | Relationship: | |

IF UNDER 18 PARENTAL/ADULT CONSENT REQUIRED

(This declaration must be signed by someone with parental responsibility for the young person, please see attached form)

| | | | |
|---------|--|-------|-----|
| Signed: | | Date: | / / |
| Name: | | | |