

## Application and Parental Consent Form

Please type or use BLOCK CAPITALS throughout

Details of Event	
<b>Name of Event</b>	Senior Moyallon Camp 2025
<b>When it is taking place</b> (Date and Time)	Friday 11th July 2025 7pm - 18th July 2025 12pm
<b>Where it is taking place</b>	Moyallon Centre 117 Stramore Rd, Portadown, Craigavon BT63 6HN
<b>If you would like more information or to discuss the event with a Leader please contact</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name <b>Oliver Corrigan</b></div> <div>Contact phone / email <b>info@moyalloncamp.co.uk</b></div>
<b>Please return this form to the named person</b>	<b>Name: Oliver Corrigan</b> <b>Address: 1 Cairnshill Green, Belfast, BT8 6RN</b> <b>Email: info@moyalloncamp.co.uk</b> <b>By no later than: Friday 27th June 2025</b>
<b>Cost of event and payment details</b>	<p>The cost of the event is £160.</p> <p>An early bird rate of £150 is available if paid before the 9th June</p> <p><b>Payment can be made via the following methods;</b></p> <p><b>By cash:</b></p> <p>The full amount can be paid on arrival. Please note that payment in cash should be made in sterling.</p> <p><b>By Bank Transfer:</b></p> <p>Please remember that your application form must still be returned by 28th June.</p> <p>Account Name: Moyallon Camp Fellowship  Account Number: 65651067  Sort Code: 089299  IBAN: GB54 CPBK 0892 9965 6510 67  BIC: CPBKGB22</p> <p>Tick if paid by Bank Transfer <input type="checkbox"/></p>

General Information -All Participants to complete this section		
Name of Participant	First name	Surname
Name they are usually known by if different		
Address		
Date of Birth		Age
Parental Contact Information -Section to be completed if Participant is under 18		
Name of Parent/Guardian	Relationship to Participant (e.g. Mother/ Father):	
	First name	Surname
Phone number of Parent/Guardian	Home	Mobile
Alternative adult contact (in case of emergency)	Relationship to Participant:	
	First name	Surname
Phone number of alternate contact	Home	Mobile
Next of Kin Contact Information -Section to be completed if Participant is over 18		
Next of Kin	Relationship to Participant:	
	First name	Surname
Phone number of Next of Kin	Home	Mobile

Medical information / Special requirements -All Participants to complete this section	
GP Name	GP Phone Number
Details of any known conditions, allergies, etc. (eg asthma, diabetes, epilepsy)	
Please list names and amounts of any medication being taken	
Does your child usually hold and administer their own medication?	Please circle    Yes    No
Are you happy for them to do so during this event?	Please circle    Yes    No
Is there any other information, special needs, requirements or directions that would be helpful for the leaders to know about e.g. dietary requirements, allergies etc.	
Do you give permission for a leader to administer paracetamol/ibuprofen to the participant if required for pain?	Please circle    Yes    No
Attendance and Travel Arrangements - Section to be completed if Participant is under 18	
Will your child be attending the full event	Please circle    Yes    No
If No please say when we can expect your child to arrive and/or to leave the event	
Will your child be travelling to the event as part of a group	Please circle    Yes    No Please explain

<b>Consent by Parent/Guardian - Section to be completed if Participant is under 18</b>
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<p>I give permission for my child to attend and to participate in all the activities during the event.</p> <p><b>If you have any concerns please contact the Leader as above.</b></p>	<p><b>Please circle</b></p> <p>Yes      No</p>	
<p>I am aware that some of the activities <b>involve photography and videoing</b> which may be used for future events or in Quaker publications. I give permission for my child to be involved and for these images to be used</p>	<p><b>Please circle</b></p> <p>Yes      No</p>	
<p>I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our contact details provided above.</p> <p>In the event of illness or accident, having parental responsibility for the above named child, I give permission for basic first aid to be administered by the Leaders where considered necessary, or medical treatment to be administered by a suitably qualified medical practitioner. If my child should require emergency treatment, I authorise the Leader to seek this, and in turn the Leader will do their utmost to contact me.</p> <p>I have explained to my child that the use of alcohol, mind altering and illegal drugs are not allowed, and if found could result in them being sent home. I have also discussed with them the need for respectful, helpful and responsible behaviour during the event.</p> <p>I confirm that the above details are correct to the best of my knowledge.</p>		
<p><b>Name and Signature of Parent/Guardian</b></p>	<p>Name</p>	<p>Signature</p>
<p><b>Date</b></p>	<p><b>Email address</b></p>	
<p><b>I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee to contact me if needed in connection with this event.</b></p>	<p><b>Please circle</b></p> <p>Yes      No</p>	
<p><b>I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee/Youth Co-ordinator to inform me of future events being organised by Senior Moyallon Camp Committee.</b></p>	<p><b>Please circle</b></p> <p>Yes      No</p>	

**Consent by Participant - Section to be completed if Participant is over 18**

I am aware that some of the activities <b>involve photography and videoing</b> which may be used for future events or in Quaker publications. I give permission to be involved and for these images to be used .		<b>Please circle</b> Yes      No
<p>I will inform the leaders of any important changes to my health, medication or needs and also of any changes to the contact details provided above.</p> <p>In the event of illness or accident, I give permission for basic first aid to be administered by the Leaders where considered necessary, or medical treatment to be administered by a suitably qualified medical practitioner. If I should require emergency treatment, I authorise the Leader to seek this, and in turn the Leader will do their utmost to contact my next of Kin.</p> <p>I am aware that the use of alcohol, mind altering and illegal drugs are not allowed, and if found could result in me being sent home. I am aware of the need for respectful, helpful and responsible behaviour during the event.</p> <p>I confirm that the above details are correct to the best of my knowledge.</p>		
<b>Name and Signature of Participant</b>	Name	Signature
<b>Date</b>	<b>Email address</b>	
I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee to contact me if needed in connection with this event.		<b>Please circle</b> Yes      No
I am happy for my email address to be stored securely and to be used to enable the Leaders/Senior Moyallon Camp Committee/Youth Co-ordinator to inform me of future events being organised by Senior Moyallon Camp Committee.		<b>Please circle</b> Yes      No

**Data Protection**

We are collecting this information so as to help ensure that activities for children and young people organised by Friends are in compliance with the Child Safeguarding Policy in place within the Religious Society of Friends. The purpose of the policy is to protect children and young people from harm.

If you are unable to supply the information requested, then we will be unable to register your child to attend the event. Only those specifically involved in the organisation of each event will have access to the information contained in this form. We will NOT pass on this information to anyone else.

This form will be kept in a securely locked area or a password protected computer by the Convenor of the relevant organising committee, the Clerk of Ireland Yearly Meeting Education Committee or a designated Committee Member. Completed forms will be kept indefinitely. If your child does not attend, the Application form will be destroyed immediately after the event. A template recording the names of the children attending the event along with the names of the adults Leaders present will also be completed and maintained indefinitely.

If you are concerned about the way your information is being handled please contact the Clerk of Education Committee at [iymec@quakers.ie](mailto:iymec@quakers.ie)

You also have the right to bring your complaint to the Data Protection Commissioner.