

ID NUMBER	
Team	

National Citizen Service
NCS Application – Summer 2014
Participant Sign Up Record



Please complete all sections of the form. There are 3 Parent/Guardian (P/G) signatures required and one from the Young Person (YP) participating. Please use this checklist to make sure all essential items are completed and then return it to us as soon as you can. We will then be able to process your details and confirm if you have a place on NCS.

CHECKLIST	Section	✓		Section	✓
Deposit (£40.00 refundable)	A		Consent Signature (P/G)	D	
Conduct Signature (P/G)	B		Health Signature (P/G)	E	
Conduct Signature (YP)	C		T-Shirt Size? (circle)	S/M/L/XL/XXL	

Any questions? You can contact us via:	ncs@st-austell.ac.uk	01726 226511
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Personal Details			
*Required info			
First Name *		Surname*	
Address 1*		Address 2	
Town*		County*	
Postcode*		Email address*	
Telephone		Mobile*	
Facebook Name		Twitter	@
School / College		Date of Birth*	
Gender (circle)	Male / Female / Prefer not to say		

Parent or Guardian Details			
*Required info			
First Name *		Surname*	
Address 1* (if different)		Address 2	
Town*		County*	
Postcode*		Email address*	
Telephone*		Mobile*	
Facebook Name		Twitter	@

How did you first hear about NCS?			
(Please tick one)			
Facebook/Twitter/social media		At school/college	
Word of mouth		Through youth group/organisation	
Media article/programme		Other	
Advert			

What is your Faith?			
(Please tick one)			
Christian		Hindu	
Jewish		Sikh	
Buddhist		Muslim	
		Other	
		None	
		Prefer not to Say	

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What best Describes your Ethnic Background? (Please tick one)			
White - British		Indian	
Cornish		Pakistani	
Irish		Bangladeshi	
Traveller of Irish heritage		Any other Asian background	
Gypsy / Roma		Black Caribbean	
Any other White background		Black African	
White & Black Caribbean		Any other Black background	
White & Black African		Chinese	
White & Asian		Prefer not to say	
Any other Mixed background		Any other ethnic group	

What is your current activity? (Please tick one)			
Studying for GCSEs		Looking after the home or family	
Studying for AS/A-Levels		Staying at home for another reason	
Studying for another qualification		Nothing	
Paid work (full or part time)		Don't know	
Voluntary work			

Were you eligible for free school meals during Year 11? (circle)	Yes / No / Don't Know
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Have you previously done any volunteering?	✓
No	
Yes – I have tried helping out or volunteering	
Yes – I regularly help out or volunteer (i.e. at least once a month)	

Read the statements below and tick if any of them apply to you:	✓
I have a history of offending	
I am in care, or have recently been in care	
I have a special educational needs statement	
I am blind/ partially sighted	
I am deaf/ hearing impaired	
I use a wheelchair/ have mobility difficulties	
I am autistic/ have Asperger's Syndrome	
I have experienced mental health difficulties	
I have specific dietary requirements	
I have to take medication for a medical condition	
I have another disability, special need or medical condition not listed above	

If you have ticked any of the boxes in the table above, please provide further details here:

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Please write below why you want to join this programme and why we should choose you?

Please describe below what you could give back to your community if you were to take part in this programme?

Information for Parents

It is expected that your son/daughter (and Parent/Guardian) will attend an induction evening where Instructors from the residential centre will be on hand to answer questions and provide a detailed kit list.

Deposit Process

Section A

In Cornwall, NCS places are fully funded. Residential trips, food and accommodation are all provided. Due to the limited number of places we require a deposit of £40.00 to secure a place. This deposit is refundable upon successful completion of all phases of the project. Please make cheques payable to **Cornwall College** and write the **applicant's name** and **NCS DEPOSIT** on the back. If you have difficulty paying this deposit, please contact us and we will discuss this with you.

If your son/daughter is unable to complete the project for medical or another reason agreed with NCS staff, then the deposit will be refunded.

Privacy Policy

When giving your details as a young person

If you sign up to NCS, photographic images and/or video of you (for example, if you are in a group photo) may be created during your participation in NCS. By agreeing to this privacy policy you agree to your personal data being stored, shared and used by the NCS Trust (the data controller) and the following organisations: any independent body commissioned by the government to run NCS, NCS contractors and their sub-contractors, other government bodies, strategic partners of NCS, fraud detection organisations, organisations supporting the delivery of NCS or other organisations (including any organisation running or supporting all or part of NCS in the future).

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For the purposes of:

- Running and evaluating NCS, including contacting you when necessary.
- Contacting you about graduate opportunities, events, research, referral promotions or competitions and to send you promotional material.
- Contacting you about taking part in press and communications activity related to NCS.
- Helping us develop, deliver, and improve the design, content and marketing of NCS.
- Internal purposes such as auditing, evaluation, data analysis, preventing or detecting fraud or error, and research to improve our service and customer communications.
- If you enter into a sweepstake, contest, or similar promotion related to NCS we may use the information you provide to administer those programs.
- In the case of photographic images and/or video, producing publicity, promotional and marketing material for NCS.

We will not hold your personal data for longer than is necessary for the above purposes. We will not share your personal data with third parties for their marketing purposes.

When giving your details as a parent, guardian or carer

By agreeing to this privacy policy you agree to your personal data being stored, shared and used by the NCS Trust and the following organisations: any independent body commissioned by the government to run NCS, NCS providers, other government bodies, strategic partners of NCS or other organisations (including any organisation running all or part of NCS in the future).

For the purposes of:

- Contacting you about your son/daughter taking part in NCS
- Contacting you about taking part in press and communications activity related to NCS.
- Helping us develop, deliver, and improve our service, content, and advertising.
- Internal purposes such as auditing, evaluation, data analysis, preventing or detecting fraud or error, and research to improve our service and customer communications.

Protection of Personal Information

Under the Data Protection Act 1998, we have a legal duty to protect any personal data we collect from you. We use leading technologies and encryption software to safeguard personal data, and keep strict security standards to prevent any unauthorised access to it.

Access to your information and contacting us

If you wish to see our records of any correspondence you have sent to us, or if you have a query or complaint about this privacy policy or about the site, you can get in touch with us by emailing ncs@petroc.ac.uk.

Changes to this privacy policy

If this privacy policy changes in any way, we will place an updated version on <http://www.ncsyes.co.uk/privacy-policy>. Regularly reviewing this page ensures you are always aware of what information we collect, how we use it and under what circumstances, if any, we will share it with other parties.

Travel & 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 from the designated meeting point. By signing the consent from you give us permission to allow the participant to leave designated locations (other than the residential or supervised trip) without collection and undertake some travel unsupervised.

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Code of Conduct

1. I agree to arrive punctually and co-operate fully at all times with NCS staff, other participants and any other Organisations involved to help make the project enjoyable and rewarding for all participants.
2. I agree to behave with concern for my own safety and the safety of others and agree to treat other students and staff with courtesy and respect.
3. I agree to comply with Health & Safety procedures and the instructions relating to any clearly defined free time/unsupervised time during NCS.
4. I will report any accidents or dangerous situations to a member of staff immediately.
5. I will look after my own and other's belongings and take care with any other organisation/college equipment and property.
6. Mobile phones, tablets and laptops are not permitted during the residential stays. The weather protection and security of these items cannot be guaranteed. Staff members will make communication with home available where necessary. It is also part of the NCS challenge to cope without these devices.
7. I understand that bringing alcohol, drugs, cigarettes or other solvents into Cornwall College or on the residentials, or being under the influence of alcohol, drugs or solvents is strictly forbidden.
8. Violent, aggressive or abusive behaviour, swearing and offensive language, or other violations of the law, spitting and dropping litter are not acceptable.
9. I understand that I will be returned home early and be removed from the NCS programme at my own expense, in the event of a serious breach of this Code of Conduct or through any other behaviour deemed by the project staff to be disruptive, or which might bring Petroc or its partner organisations into disrepute. This includes involvement with drugs or other violations of the law.

We agree to abide by the code of conduct.

We confirm the details on this form are correct and we will inform Cornwall College of any changes to these details.

I understand the deposit process to secure a place for my son/daughter.

I do/do not give consent for NCS to use my son/daughters image and name for publicity and promotional materials.

We have read and agree to the Privacy Policy.

Signed (Parent/Guardian)

(SECTION B)

Please Print Name

Date

Signed (Young Person)

(SECTION C)

Please Print Name

Date

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Parent / Guardian / Carer Consent Form

This form has been produced for completion by persons having responsibility for the welfare of students under the age of 18, or vulnerable adults with special needs. Such persons will include Parents, Guardians and others entitled to provide authorisation. The form gives the necessary authority to the College to take your son, daughter or ward on off-site activity and journeys. PLEASE NOTE that in signing this form your rights are not affected in any way.

Faculty/Department:	Headship
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ACTIVITY - National Citizen Service	Start 1	Start 2
Week 1 - Residential trip to an outdoor activity centre in Cornwall (Start 1 or Start 2).	23rd - 27th June	30th June – 4th July
Week 2 – Residential Accommodation at Tremough Campus Falmouth each with private en-suite room. Activities based locally.	30th June – 4th July	7th – 11th July
Week 3 - Groups are based in local communities planning their Social Action Project.	7th – 11th July	14th – 18th July
Week 4 - Groups are based in local communities and will deliver their Social Action Projects.	14th – 18th July	21st – 25th July
Graduation Ceremony – The Keay, Cornwall College St Austell	Wednesday 10th September	
<i>Please note: Groups will not be confirmed until Monday 9th June 2014. Written and e-mail communications will be sent confirming the group your son and daughter are in plus the location of their community project</i>		

Please confirm your Son/Daughter/Ward's availability for programme start (tick box)	Either start	Start 1 Only	Start 2 Only

I wish my Son/Daughter/Ward (Full Name)		Date of Birth	
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To be allowed to take part in general Educational Trips and Visits organised by the College.
I also agree to them taking part in any or all of the specific activities described above.

Signed (Parent/Guardian)		(SECTION D)
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Please Print Name		Date	
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Address			
	Postcode		

Telephone No.		Mobile No.	
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NOTE - The College through its employees and agents will at all times take reasonable care of your son/daughter/ward. If they have an accident or suffer loss of or damage to their personal effects and money, which is not as a result of any lack of care on the part of the College, its employees or agents, the College will not be able to pay any damages or meet any consequent expenses. Similarly if your son/daughter/ward incurs any liability towards a third party in respect, for example, of any injury caused by them to that third party, or damage caused to the third party's property, the College will not be responsible for this unless it can be shown to be at fault in some way. Details of College insurance cover can be provide on request.

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Health Information Form

NCS Participant (Full Name)		Date of Birth	
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Parent/Guardian Declaration

1. I consent to any emergency medical treatment required by my son/daughter/ward during the course of the visit.
2. I consent to my son/daughter/ward receiving medical care on the recommendation of a qualified medical practitioner, and will provide relevant medical information to NCS staff upon request.
3. I confirm that my son/daughter/ward does not suffer from any medical condition requiring regular treatment, and is not allergic to any form of medication.

OR

My son/daughter/ward suffers from requiring regular treatment* (e.g. diabetes, asthma). If your son/daughter/ward suffers from a particular complaint, or an allergic reaction to medication, please enclose a letter giving details of the complaint and its treatment or allergic reaction.

Medication

*Please use the space below to detail necessary medication that your son/daughter/ward has been prescribed or needs (non-prescription) on a regular basis. Please indicate dosage and frequency.

	Medication	Dosage	Frequency	Self-administered?
1.				Yes / No
2.				Yes / No
3.				Yes / No
4.				Yes / No
5.				Yes / No

During the residential stays, all participant medication is required to be deposited with the relevant team leader and will be dispensed at the required dosage/time. Please package and label medication for your son/daughter/ward ready for residential registration on 30th June 2014.

AND

My son/daughter/ward is not travelling against the advice of a Qualified Medical Practitioner.

4. I consent to my son/daughter/ward travelling by any form of public or contracted transport and/or in a vehicle driven by a qualified member of staff.

Signed (Parent/Guardian)		(SECTION E)
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Please Print Name		Date	
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Emergency Contact Numbers

Telephone No.		Mobile No.	
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