

New Participants:  
Please affix a passport-sized portrait photo here.

Please return completed form, along with the camp fee of £120 to 'TREKKERS CAMP', to the address below.  
Or bank on the Internet - LloydsTSB.  
Sort Code 30-91-08. Acc No. 03365420  
**2<sup>nd</sup> – 9<sup>th</sup> June 2012.**



## HELPERS - 2012

To run Trekkers successfully it is important for us to know of any conditions/special needs that you may have, or which may cause you difficulties during the camp.

**Please complete this form in full. Please use BLOCK CAPITALS.**

### 1. Personal Details

- |  |  |                                     |
|--|--|-------------------------------------|
| a) Name: .....<br>b) Date of Birth: .....<br>c) Telephone: .....<br>d) Mobile: .....<br>f) E-mail Address: ..... |  | e) Address: .....<br>.....<br>..... |
|--|--|-------------------------------------|

### 2. Next of Kin's Details

- |   |  |   |
|---|--|---|
| a) Next of Kin: .....<br>b) Work Tel: .....<br>c) Home Tel: .....<br>d) Mobile Tel: ..... |  | e) Kin's Address (during the week of camp): .....<br>.....<br>..... |
|---|--|---|

### 3. Dr's Details

- |  |  |   |
|--|--|---|
| a) Name of Dr: .....<br>b) Dr's Tel: .....<br>c) Dr's Address: .....<br>.....<br>.....<br>.....<br>.....<br>d) Date of last Tetanus injection? ..... |  | e) Please give details of any condition a doctor might need to know about in an emergency (e.g. asthma, diabetes, epilepsy, migraine):<br>.....<br>.....<br>.....<br>.....<br>f) Please give details of any allergies (e.g. particular foods, certain drugs, plasters):<br>.....<br>.....<br>.....<br>.....<br>g) Please give details of any disability or special need: .....<br>.....<br>.....<br>.....<br>h) Please list any medication you will be using during the camp: ..... |
|--|--|---|

**4. Miscellaneous Information**

- a) What is your usual occupation? .....
- b) How did you hear about the Trekkers Camp? .....
- c) Have you camped at Woodlarks before? ..... Yes / No
  - (If yes, please state which camp and when): .....
- d) Will you be bringing your own tent? (NB: Tents are provided, but you may have to share)..Yes / No
- e) Are you coming to camp with a partner, spouse or friend? ..... Yes / No
  - If yes, what is their name? .....
  - If yes, do you wish to be in the same patrol? ..... Yes / No
  - If yes, do you wish to share the same tent? ..... Yes / No
- f) Will you be coming to camp with a disabled participant? ..... Yes / No
  - If yes, what is their name? .....
  - If yes, will you be acting as their helper during the week? ..... Yes / No
  - If yes, are you able to look after all their care needs? ..... Yes / No
  - If no, please give details of any additional assistance they/you may require: .....
  - .....
- g) Do you have any expertise / hobbies you could bring to camp (e.g. running an activity like archery, or playing a musical instrument)? .....
- .....
- h) Please provide details of any dietary restrictions (e.g. vegetarian, nut allergy, diabetes):
  
- i) Are you a:
  - Non-swimmer/ Poor / Good ? .....
  - Qualified lifeguard? NO.....

If you are a qualified lifeguard, and are willing to act as a lifeguard please provide a copy of your certificates with your application. ....	<input type="checkbox"/>
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- j) Do you hold a current qualification to drive passenger vehicles (e.g. MIDAS)? ..... Yes / No
  - If yes, and you are willing to drive a minibus, please enclose a copy of your certificate/licence:
- k) After camp, a contact list may be circulated so you can keep in touch if you wish to. Please tick the appropriate box(es) for the types of contact details you are happy to have included on the list:  
Address:  Telephone:  Mobile:  E-mail:
- l) Photos may be taken of you during the week which may appear on the Trekkers website, or be used for promotional purposes. Please indicate if you object to them being used.  
Ok to use images? ..... Yes / No
- l) Please indicate whether you will be attending the whole or part-week, including dates: .....

<b>For Office Use Only</b>			
Application Signed: <input type="checkbox"/>	Payment Received: <input type="checkbox"/>	New Helper Info. Sent: <input type="checkbox"/>	References Received: <input type="checkbox"/>
Additional Notes: .....			
.....			
.....			

## 5. Security Screening

As a helper you will be coming into direct contact with vulnerable adults and young people. For their, and your, protection we therefore ask you to answer the following questions and to supply the names of two character references.

**PLEASE NOTE that offences involving children and/or vulnerable people, which would normally be regarded as 'spent', must also be declared. The disclosure of previous convictions will not necessarily result in the rejection of your application.**

- a) Have you ever been convicted by any court in the United Kingdom or abroad of any offence involving children or vulnerable people? ..... Yes / No
- b) Have you ever been bound over, placed on probation, cautioned or discharged either conditionally or absolutely in relation to such offences? ..... Yes / No
- c) Have you ever had a child removed from you or placed under supervision by a local authority? ..... Yes / No
- d) If you answer "Yes" to any of these questions, please provide details: .....

- e) If you have lived at the address given in question 1a for less than two years, please give your previous address: .....

- f) Please provide the names and addresses of two character referees. These should be current employer, teachers, youth leaders or similar figures of standing within their community.

- |                              |                              |
|------------------------------|------------------------------|
| • Name: .....                | • Name: .....                |
| • Occupation: .....          | • Occupation: .....          |
| • Relationship to you: ..... | • Relationship to you: ..... |
| • Address: .....             | • Address: .....             |
| .....                        | .....                        |
| • Telephone: .....           | • Telephone: .....           |

**At the time of writing this it is still questionable if CRB checks are mandatory. We are however going through the process. If you have a current check (less than 3 years old) then please can you photocopy your certificate and send with the application form.**

## 6. Confirmation

I confirm that to the best of my knowledge the information I have provided in this application form is full and correct, and that if I have failed to disclose information which may later present difficulties to my providing care at an acceptable standard, I may be required to forfeit my participation and return home.

Signed: ..... Date: .....

Print Name: .....

**Please Return Completed Forms, As Soon As Possible To:**

**Glenn and Lynne COOPER. Trekkers Camp Co-ordinators.  
243 Broadway Lane, Bournemouth, Dorset BH8 0AE**

