**27th May – 3rd June 2023**

**Trekkers Camp**

****Please return completed form, along with the camp fee of **£165** payable to ‘TREKKERS CAMP’, to the address below.

Trekkers

(Or by e-mail if paying by BACS)

Lloyds Bank. – Sort Code 30-91-08. Account No. 03365420

**HELPERS - 2023**

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**
	1. Name:
	2. Date of Birth:
	3. Telephone:
	4. Mobile:
	5. Address:

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* 1. E-mail Address…………………………………. g) Like to be called
1. **Next of Kin’s Details**
	1. Next of Kin:
	2. Home Tel:
	3. Mobile Tel:
	4. Kin’s Address (**during the week of camp**):

1. **Dr’s Details**
	1. Name of Dr:
	2. Dr’s Tel:
	3. Dr’s Address:

* 1. Date of last Tetanus injection?
	2. NHS Number
	3. Please give details of **ANY** condition a doctor might need to know about in an emergency:

* 1. Please give details of **ANY** allergies (e.g. particular foods, certain drugs, plasters):

* 1. Details of any Disability / Special need / Medication used:

1. **Miscellaneous Information**
	1. Have you camped at Woodlarks before? Yes / No
	2. Will you be bringing your own tent? (NB: Tents are provided, but you may have to share) Yes / No
	3. 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? (Can’t guarantee!) Yes / No
* If yes, do you wish to share the same tent? Yes / No
	1. 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 fully look after their care needs? Yes / No
	1. Do you have any expertise / hobbies you could bring to camp (e.g., running an activity, crafts, or playing a musical instrument)?

* 1. Please provide details of any dietary restrictions (e.g., vegetarian, nut allergy, diabetes): …...........

………………………………………………………………………………………………………………….

* 1. Are you a:
* Non-swimmer / Poor / Good?
* Qualified First Aider / Lifeguard? Yes / No

If you are a qualified First Aider or Lifeguard and are willing to act as a Pool Observer, please provide a copy of your certificates with your application. 🞏

* 1. 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.

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 consent to them being used.

Ok to use images? Yes / No

* 1. Please indicate whether you will be attending the whole or part-week, including dates:

* 1. Please give details of **ANY** other issues or support you may need, that has not been covered elsewhere on this form:

1. **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 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.**

* 1. Have you ever been convicted by any court in the United Kingdom or abroad of any offence involving children or vulnerable people? Yes / No
	2. Have you ever been bound over, placed on probation, cautioned or discharged either conditionally or absolutely in relation to such offences? Yes / No

If you answer “Yes” to any of these questions, please provide details:

* 1. Please provide the names and addresses of two referees. These should be current employer, teachers, or similar figures of standing within the community**. (N/A for regular helpers)**
* Name:
* Occupation:
* Relationship to you:
* Address:

* Telephone:
* Name:
* Occupation:
* Relationship to you:
* Address:

* Telephone:

**Disclosure Barring Service (DBS) checks are mandatory on persons working with vulnerable adults. - If you do not hold one contact us and we will provide details of how to obtain one.**

**If you have a current check (less than 3 years old or one on the update service) then please photocopy or scan your certificate and send with the application form.**

**Date of check ……………… DBS number …………………… Issued by……………………**

1. **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 be asked to leave site.

Signed:

Print Name:

Date:

**To help us accept the Disabled campers please Return Completed Forms, ASAP to**

**Glenn and Lynne COOPER. Trekkers Camp Co-ordinators.
243 Broadway Lane, Bournemouth, Dorset BH8 0AE
or email to** **lcooper@talk21.com****.**