



# IT ALL STARTS AT YES



## NCS Start Date Selection

**\*You must complete all pages of this form\***

Using the options below please indicate your choice of start dates for NCS summer 2018.

Please remember, having chosen your start date you must commit to the full three week programme.

If you have any additional comments, or if you have extenuating circumstances please detail them in the space below. We will do our best to accommodate your requirements.

Wave 1 - Monday 25<sup>th</sup> June - Friday 13<sup>th</sup> July (excluding weekends)  
**\*\*This wave is now full but you can be added to our waiting list\*\***

Wave 2 - Monday 9<sup>th</sup> July – Friday 27<sup>th</sup> July (excluding weekends)

Wave 3 - Monday 16<sup>th</sup> July – Friday 3<sup>rd</sup> August (excluding weekends)

Wave 4 – Monday 30<sup>th</sup> July – Friday 17<sup>th</sup> August (excluding weekends)

### **Additional Comments:**

.....  
.....  
.....  
.....

Action4Youth is the lead organisation delivering NCS in the Aylesbury Vale area.

Action4Youth, Momentous House, 5 Smeaton Close, Aylesbury, Bucks, HP19 8UN. Tel: 0300 003 2334

NCS Trust is a not-for profit social enterprise established to shape, support, champion and lead a thriving National Citizen Service (NCS).

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## NATIONAL CITIZEN SERVICE Parent/Guardian Consent Form

Your son/daughter/ward would like to join the National Citizen Service programme with Action4Youth and we need your consent for them to take part. Please complete and sign the consent/medical form and photograph/ media consent in full and return them to us as soon as possible as places are limited. If you have any queries please contact the NCS Team on 0300 003 2334.

### Young Persons Details

First name..... Surname.....

Email.....Gender: Male  Female

Mobile number.....Home number.....

D.O.B.....School.....

Home Address.....

.....

.....

### Parent/ Guardian Details

#### First Emergency Contact

Name.....

Relationship.....

Daytime tel.....

Evening tel.....

Email.....

Address.....

.....

#### Second Emergency Contact

Name.....

Relationship.....

Daytime tel.....

Evening tel.....

Email.....

Address.....

.....

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## Medical and support Information

Please give details of the young person's GP:

GP's name:..... GP's phone number.....

GP's Address: .....

**\*\*\*Please complete the section below in as much detail as possible\*\*\***  
(Please continue on a separate sheet if necessary)

Does the young person have any dietary requirements or food allergies?

.....

Can the young person be given the below medication by NCS staff whilst on programme? (Please tick if allowed)

Paracetamol

Antihistamine tablets/cream

Ibuprofen

Antiseptic cream

Does your son/ daughter/ ward have any medical condition/ injuries/ allergies we should be aware of?

.....  
.....  
.....

If your son/ daughter/ ward is taking any medication (including epi pens) please tell us about it here:

.....  
.....  
.....

If your son/ daughter/ ward has any special educational needs please specify below with any additional support requirements:

.....  
.....  
.....



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## Monitoring and Media

### School type last attended

- |                             |                          |                   |                          |
|-----------------------------|--------------------------|-------------------|--------------------------|
| Mainstream secondary school | <input type="checkbox"/> | Home              | <input type="checkbox"/> |
| Special school              | <input type="checkbox"/> | Other _____       | <input type="checkbox"/> |
| Independent school          | <input type="checkbox"/> | Not at school     | <input type="checkbox"/> |
| Faith school                | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

### Ethnicity

- |                             |                          |                            |                          |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| White British               | <input type="checkbox"/> | Pakistani                  | <input type="checkbox"/> |
| Irish                       | <input type="checkbox"/> | Bangladeshi                | <input type="checkbox"/> |
| Traveller of Irish heritage | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Gypsy/ Roma                 | <input type="checkbox"/> | Black Caribbean            | <input type="checkbox"/> |
| Any other White background  | <input type="checkbox"/> | Black African              | <input type="checkbox"/> |
| White and Black Caribbean   | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| White and Black African     | <input type="checkbox"/> | Chinese                    | <input type="checkbox"/> |
| White and Asian             | <input type="checkbox"/> | Prefer not to say          | <input type="checkbox"/> |
| Any other Mixed background  | <input type="checkbox"/> | Any other ethnic group     | <input type="checkbox"/> |
| Indian                      | <input type="checkbox"/> | Do not know                | <input type="checkbox"/> |

### Faith/Religion

- |           |                          |                   |                          |
|-----------|--------------------------|-------------------|--------------------------|
| Buddhist  | <input type="checkbox"/> | Sikh              | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Hindu     | <input type="checkbox"/> | None              | <input type="checkbox"/> |
| Jewish    | <input type="checkbox"/> | Do not know       | <input type="checkbox"/> |
| Muslim    | <input type="checkbox"/> | Other _____       | <input type="checkbox"/> |

### Does your son/ daughter/ ward have a disability, special need or medical condition?

Yes  No

### (Tick all that apply)

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Specific learning difficulty                    | <input type="checkbox"/> | Mental health difficulties                                 | <input type="checkbox"/> |
| Blind or partially sighted                      | <input type="checkbox"/> | Unseen disability (eg diabetes, epilepsy, heart condition) | <input type="checkbox"/> |
| Deaf or hearing impairment                      | <input type="checkbox"/> | Multiple disabilities                                      | <input type="checkbox"/> |
| Wheelchair user or mobility difficulties        | <input type="checkbox"/> | Other _____  | <input type="checkbox"/> |
| Autistic spectrum disorder or Asperger Syndrome | <input type="checkbox"/> | Prefer not to say  | <input type="checkbox"/> |
| Anxiety Disorder e.g. Acrophobia                | <input type="checkbox"/> |  |                          |

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Is the young person currently, or have they recently been, in foster care or the care of the local authority?

Yes

No

Has the young person received free school meals in the past six years?

Yes

No

Does the young person have a criminal record, police caution or any other contact with the criminal justice system?

Yes

No

If yes, please specify.....

## Photo Consent

Photos and film footage taken during the NCS programme may be used by Action4Youth and The Challenge Network in their publications, social media sites and websites and external media (TV, internet, newspapers).

I agree to photographs and film footage of my son/ daughter/ ward being used in this way

I do NOT agree to photographs and film footage of my son/ daughter/ ward being used in this way

## Transport Consent

Do you give consent for your son/ daughter/ ward to travel in NCS staff members personal cars if required during the NCS programme;

Yes I give consent

No I do not give consent

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## Young Person's Interests

At the start of the NCS programme you will be put into a cohort with between 12-15 other young people. You will stay in this group for the duration of the programme. Your cohort will be allocated one or two charity partners for you to work with for your social action project.

To allow us to put you into the most suitable cohort please complete the following questions by ticking any areas you are interested in (this can be as many as you want).

1. I am interested in doing a social action project involving;

Animals	<input type="checkbox"/>	Conservation	<input type="checkbox"/>	Creative arts	<input type="checkbox"/>
Disability	<input type="checkbox"/>	The elderly	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>
Hospices	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Young people/ children	<input type="checkbox"/>	Other.....			

2. Do you have any particular friends you would like to be in a group with? If so please write a maximum of two friends names here;

.....

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## Induction Events

Before you start the NCS programme we have booked two induction events to give you the opportunity to meet the other young people and the staff you will be going away with. The Bowling event is just for young people and costs £5. The Team Building, Parent Information and BBQ day costs £10 and is free for parents. Transport is not provided for these events.

1. Ten Pin Bowling @ Rogue Bowling (Unit 6, The Point, Gatehouse Way, Aylesbury, Bucks, HP19 8DB) – **Please only tick on the wave you are going on.**

Wave One - 6-8pm on Friday 20<sup>th</sup> April

Attending: Yes  No

Wave Two - 6-8pm on Friday 27<sup>th</sup> April

Attending: Yes  No

Wave Three - 6-8pm on Friday 4<sup>th</sup> May

Attending: Yes  No

Wave Four - 6-8pm on Friday 11<sup>th</sup> May

Attending: Yes  No

2. Team Building Day and Parent Information session with BBQ @ Caldecotte Xperience (The George Amey Centre, Simpson Rd, Milton Keynes, MK6 3AG)  
The team building and parent information session will commence at 11:30am, with BBQ at approx. 1pm. Parents/ guardians can either stay to watch the team building after the information session or come back for the BBQ at 1pm.

11:30am - 2pm on Saturday 16<sup>th</sup> June:

Both myself and my parent/ guardian will be attending;

I would like to attend but my parent/ guardian cannot;

Unfortunately we are not able to attend;

**Please include your induction event payment with your sign up fee so we can reserve your place at the events.**

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## Consent Statement

**Please read and confirm your agreement to the following statements;**

I give consent for my son/daughter/ward to take part in the National Citizen Service programme with The Challenge Network and local delivery partner Action4Youth.

I understand that while my son/daughter/ward is participating in the project they will be subject to the project’s general code of behaviour and will be required to adhere to the instructions and advice of project workers and accompanying adults. If they do not, I understand they may be removed from the programme. If this is the case it is expected that young people will be collected from their location.

Action4Youth operates a zero tolerance policy on illegal drugs and alcohol throughout the duration of the NCS programme. If young people are found in possession or under the influence of these substances they will be removed from the programme immediately.

I understand the project will do everything in its control to protect my son/daughter/ward’s personal possessions but cannot be held responsible for any loss or damage.

In the event of an accident or illness I understand that every effort will be made to contact me or the emergency contacts I have provided but, if this is not possible, I authorise the project leader to consent to any medical treatment including inoculations, surgery or blood transfusions from a qualified medical practitioner which, in the opinion of the qualified medical practitioner, may be necessary for my child in the course of the programme, project or offsite activity.

I consent to the information that we collect through this form or otherwise in connection with the young person’s participation in the programme, including sensitive information about his or her health, criminal record, ethnic background or religion, to address his or her particular needs through NCS and related activities, including other programmes and events in which he or she may take part in the future. Also for other related purposes; disclosing the information to other organisations for these purposes, including governmental and other bodies involved in our programmes (such as NCS and partner organisations who run parts of our programmes).

Signature of parent/guardian.....

Date.....

**Please email this completed form to [NCS@action4youth.org](mailto:NCS@action4youth.org)**

**Or post to:**

**NCS Team, Momentous House, 5 Smeaton Close, Aylesbury, HP19 8UN**

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