

The Religious Society of Friends in Ireland  
Child Safeguarding Policy (CSP)

**Application and Parental Consent Form for Activities Events, Trips, and Residentials**

**This form must be used for any event where the parent/guardian is not present at all times.**

**Organisers /Leaders** - Please complete the Details of Event section before circulating

**Parents/Guardians** - Please type or use BLOCK CAPITALS throughout or complete electronically

Details of Event		
<b>Name of Event</b>	Junior Yearly Meeting	
<b>When it is taking place</b> (Date and Time)	19:00 on Friday 1st of January - 12:00 on Sunday 3rd January 2021	
<b>Where it is taking place</b>	Online on Zoom	
<b>If you would like more information or to discuss the event with a Leader please contact</b>	Name	Jonny Poole
	Contact phone	07935490787
	Contact email	jonnypoole@gmail.com
<b>Please return this form</b>	<b>By no later than</b> Thursday 31st of December 2020	
	<b>To</b> Jonny Poole	
	<b>Address</b> 5 Jersey Avenue, Lisburn, BT27 4BJ	
	<b>Email</b> jonnypoole@gmail.com	
General Information		
<b>Name of child /young person</b>	First name	Surname
Name they are usually known by if different		
<b>Address</b>		
<b>Date of Birth</b>		Age

<b>Name of Parent/Guardian</b>	First name	Surname
<b>Phone number of Parent/Guardian</b>	Home	Mobile
<b>Alternative adult contact and relationship to the child/young person</b>	First name  Relationship	Surname
<b>Phone number of alternate contact</b>	Home	Mobile
<b>Medical information / Special requirements (Not required for online events)</b>		
<b>GP Name</b>	<b>GP Phone Number</b>	
<b>Details of any known conditions, allergies, etc.</b> (eg asthma, diabetes, epilepsy)		
<b>Please list names and amounts of any medication being taken</b>		
<b>Does your child usually hold and administer their own medication?</b>	<b>Please circle</b> Yes    No	
<b>Are you happy for them to do so during this event?</b>	<b>Please circle</b> Yes    No	
<b>Do you give permission for a Leader to administer basic pain medication to your child for minor ailments if needed?</b>	<b>Please circle</b> Yes    No	
<b>Is there any other information, special needs, requirements or directions that would be helpful for the leaders to be aware of e.g. dietary requirements, allergies, etc.</b>		
<b>Will your child be attending the full event</b>	<b>Please circle</b> Yes    No	
<b>If No, please say when we can expect your child to arrive and/or to leave the event</b>		

<b>For Residential events only</b>		
<b>How will your child be travelling to and from the event</b>		
<b>Consent by Parent/Guardian</b>		
I give permission for my child to attend and to participate in all the activities during the event.		<b>Please circle</b> Yes    No
<b>If you have any concerns please contact the Leader as above.</b>		
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.		<b>Please circle</b> Yes    No
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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/my alternate contact person.</li> <li>• 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.</li> <li>• I confirm that the above details are correct to the best of my knowledge.</li> </ul>		
<b>Name and Signature of Parent/Guardian</b>	Name	Signature
<b>Date</b>	<b>Email address</b>	
	<b>Postal address</b>	
I am happy for my email postal/address to be stored securely and to be used by the Society/Leaders/Youth Coordinator to contact me if needed and/or to inform me of events being organised for children/young people.		<b>Please circle</b> Yes    No

<b>Data Protection</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• If you are unable to supply the information requested, then we will be unable to register your child to attend the event.</li> <li>• 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.</li> <li>• This form will be kept in a securely locked cupboard or in electronic format on 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.</li> <li>• 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.</li> <li>• If you are concerned about the way your information is being handled please contact the Clerk of Education Committee at <a href="mailto:iymec@quakers.ie">iymec@quakers.ie</a></li> <li>• You also have the right to bring your complaint to the Data Protection Commissioner (Ireland).</li> </ul>