



Skills Courses 2018-2019 – ADDITIONAL DATES

This course qualifies Seniors for their skills based training

NEW

This Session we are piloting a new style course in January & March 2019. The course starts at 7.30pm on day 1 and finishes at 3.30pm on day 2 with just 1 overnight stay. Boys can attend either Fri/Sat or Sat/Sun that weekend.

Venue

Boys' Brigade NI HQ, Newport (address below).

For full Terms and Conditions see

bbni.org.uk/niforms.htm

Dates & Cost

Fri 1 - Sat 2 March 2019 - £40

Sat 2 – Sun 3 March 2019 - £40

Notes

- Maximum of 5 candidates per Company per course
- Registrations will only be accepted by receipt of completed registration form & work plan, consent form and payment.
- If 1st choice course is fully booked at time registration is received, the Captain will be notified that the candidate has been allocated their 2nd choice course.
- Confirmation of places booked will be sent by email only – to the Captain if an address is supplied.

Payment Methods

1. Cheque - made payable to 'The Boys' Brigade NI District. Send to address below.
2. Paypal – www.paypal.me/bbnewport
3. Card - Telephone the office on 028 9268 8444
4. Cash.

Refund Policy

Withdrawal, including transfer to another course:

- less than 8 days prior to commencement of a course will result in the loss of 100% of the course fee;
- 8-14 days prior to commencement of a course will result in the loss of 75% of the course fee;
- 15-28 days prior to commencement of a course will result in the loss of 50% of the course fee.

Data protection

All personal information (including sensitive data) is held in accordance with the GDPR. We take Data Protection very seriously and further information about how we collect, process & retain personal information is provided in our Data Protection Policy and Privacy (Fair Processing) Notice. Find out more at boys-brigade.org.uk/who-we-are/policies-and-regulations/



Skills for Queen's Badge Residential Registration Form 2018/19

Candidate's Details:

Course Applied for:	1st Choice:		2nd Choice:	
Company:				
Name:			Date of birth:	
Address				
Telephone:	Landline:		Mobile:	
Candidate's Email*:	(print clearly)			
Date of Registration for Queen's Badge (stamped in Record Book)				
Payment Method:	Cheque <input type="checkbox"/>		OR	Card <input type="checkbox"/>
<i>*See notes on payment options on page 1.</i>				

**May be used for course correspondence and to inform boys of other BB opportunities they may be interested in. If parents prefer us not to contact their son by email please do not fill in this part.*

Queen's Badge Work Plan

Skills-Based Training	
Responsibility Brigade or Church	
Voluntary Service outside Brigade & Church	
ONLY complete TWO activities from the following THREE sections:	
Skills	
Physical	
Expedition/Exploration	
Completion Residential	

(Any changes should be initialed and dated by Queen's Badge Advisor)

Signatures:

QB Advisor: _____ Candidate: _____

Captain: _____ Date: _____

(Any changes should be initialed and dated by QB Advisor)

Captain's email: _____

Please send forms and payment to: BB NIHQ, Newport, 117 Culcavy Road, Hillsborough, Co. Down, BT26 6HH

For HQ Use: Date Received _____ Receipt No _____ Consent Form Received: Yes/No



SKILLS for Queen's Badge



Consent Form

PART A (To be completed by Company Captain/Official)

Company/Battalion/District: Northern Ireland District
Activity or Event: Skills for Queen's Badge Residential
Venue: Newport, 117 Culcavy Road, Hillsborough, Co. Down, BT26 6HH
Dates: _____
Officer in Charge: NID Training & Programme Officer **Tel No:** 028 9268 8444 (Mon-Fri)
It is advised that parents/guardians make a note of the above details.

PART B (To be completed by the Parent/Guardian)

Full name of young person: _____
Date of birth: _____

MEDICAL DETAILS

Name of young person's Doctor: _____
Doctor's address: _____
Doctor's Tel No: _____
National Health Service Number: _____
Details of medicine/diet/ treatment being taken/ followed (including any medication needed during event/ activity): _____
Details of known allergies/ sensitivities (e.g. penicillin): _____

Has the young person been immunised against tetanus within the last 5 years. Yes [] No []

PARENT/GUARDIAN CONTACT DETAILS (for use during the event/activity)

Name: _____
Address: _____
Telephone (Home): _____ Mobile: _____
Alternative Contact:
Name: _____ Tel No: _____

PERMISSION

I give my permission for _____ **(young person's name)** to attend and take part in activities which may include sporting activities, drill, Church parade or visit to local leisure centre. In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

During the time your child will spend with us, photographs/video may be taken and used for PR to include print media, BB publications and social media and for this we need your permission. On signing this form we will assume you have given permission for your child's image to be taken unless otherwise informed.

Parent/ Guardian Signature: _____ Date: _____