

# ENCOUNTER YOUNG LEADERS - 2017/8 APPLICATION FORM

Name of Young Person:

Age:

Address (including postcode):

Phone Number:

Email Address:

## **Emergency Contact Details**

Emergency Contact Name:

Emergency Contact Telephone Number(s):

Family Doctor (Name & Address):

Are there any food allergies/dietary needs we should be aware of?  
*(Please provide details below)*

Are there any medical conditions/current medication we should be aware of?  
*(Please provide details below)*

Are there any special needs we should be aware of? (Including Special Education Needs, Disabilities or other special requirements) *(Please provide details below)*

**Form continued overleaf...**

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Please briefly explain why you want to take part in 'Encounter Young Leaders' and give details of any leadership experience you have already:

## Church Details

Name of Church:

Address of Church:

Name of Church Leader:

Contact Details of Church Leader:

## Information

Please ensure that you have spoke to your Church or Youth Leader about your desire to take part in the Encounter Young Leaders programme.

## Declaration

To be signed by a parent/guardian.

I give permission for my son/daughter to take part in the Encounter Young Leaders programme including the residential weekend and 2 training days (Final information for these days will be provided nearer the time)

Name:

Signature:

## Photo Consent

We will be taking photos throughout the programme for promotion of future programmes. Please tick this box if you DO NOT give permission for us to use photos of your son/daughter in this way.