

# Encounter young leaders - Application Form

Name of Young Person:

Age:

Address (including postcode):

Phone Number:

Email Address:

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)*

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

This information will be used to discuss Encounter Young Leaders with your church leader and to ask them to provide a reference and suitable mentor for you. Please tick this box to say that *you have the consent* of your church leader to provide us with these contact details.

Name of Church:

Address of Church:

Name of Church Leader:

Contact Details of Church Leader:

## Parent/Guardian Details

This information will be used to provide you with information about the residential trip and training days and as an emergency contact for these training days. Please tick this box to give your consent to your data being used for these purposes.

Parent/Guardian Name:

Parent/Guardian Email:

Parent/Guardian Emergency Number(s):

## Media Consent

We will be taking photos throughout the programme for promotion of this and future programmes via the Diocesan website and social media accounts. Please tick this box if you give consent for us to use images of your son/daughter in this way.

*Please ensure that you have spoke to your Church/Youth leader about your desire to take part in the programme*

## Data Protection & Declaration

Data collected on this form will be used for the administration of the Encounter Young Leaders programme and for ensuring the safety and well-being of those on the programme.

I hereby grant the Chelmsford Diocesan Board of Finance permission to process my personal data for the purposes set out above. (To be signed by a parent/guardian if a young person is under 13 years old)

Name:

Signature:

I hereby give permission for my son/daughter to take part in the Encounter Young Leaders programme including the residential weekend and 2 training days. Details of these days TBC.

Name:

Signature:

If you have a query about how your personal data is used by the CDBF please contact the Data Protection Coordinator, Nathan Whitehead, Diocesan Office, 53 New Street, Chelmsford, CM1 1AT, [nwhitehead@chelmsford.anglican.org](mailto:nwhitehead@chelmsford.anglican.org). Consent may be withdrawn at any time by contacting Dot Salmon - [dsalmon@chelmsford.anglican.org](mailto:dsalmon@chelmsford.anglican.org) / Diocesan Office, 53 New Street, Chelmsford, CM1 1AT