



SKILLS FOR QUEEN'S BADGE COURSES

This course qualifies Seniors for their skills based training for Queen's Badge

Our Skills courses involve one overnight stay at Newport. Courses start at 7.30pm on day 1 and finish at 3.30pm on day 2. Fri-Sat or Sat-Sun options are available each weekend.

Venue

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

Cost £40 per person

Dates

Fri/Sat 6–7 November 2020
Sat/Sun 7–8 November 2020
Fri/Sat 15–16 January 2021
Sat/Sun 16–17 January 2021
Fri/Sat 5–6 March 2021
Sat/Sun 6–7 March 2021
Fri/Sat 5–6 November 2021
Sat/Sun 6–7 November 2021

Payment Methods

1. CARD ONLINE www.paypal.me/bbnewport
(please reference your Company name and SKILLS in the description box).
2. CARD BY PHONE - call the office 028 9268 8444
3. CHEQUE –payable to 'The Boys' Brigade NI District. Send form & cheque to NIHQ.
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.

Note: During this time of uncertainty around Covid-19, if a course is cancelled we will transfer participants to the next available course.

For full Terms and Conditions see
bbni.org.uk/niforms.htm

Notes

- Registrations will only be accepted by receipt of completed registration form, 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.
- Maximum of 8 candidates per Company per course.
- Confirmation of places booked will be sent by email only – to the Captain if an address is supplied.
- Send forms and cheques to BB NIHQ at the address below.

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 COURSE REGISTRATION 2020-2021

Candidate's Details

Course Applied for:	1st Choice:		2nd Choice:	
Company:				
Date of Birth:		Age at time of course:		
Name:				
Address:				
		Postcode:		
Candidate's 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"/> See notes on payment options on page 1.			

*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.

Captain's Declaration

I have examined the candidate's Queen's Badge Record Book and certify that the 'My Action Plan' section of the book (Pages 12-31) has been completed and the action plan has been agreed by the candidate, myself/mentor and the Queen's Badge Advisor.

Signed: _____ Date: _____
 Captain

Captain's name (print)	
Captain Reg. No.	
Captain's Email	
Captain's Mobile	

Before a place can be confirmed we need the registration form, consent form and payment for each young person.

Send forms to:

The Boys' Brigade NI Headquarters, Newport, 117 Culcavy Road, Hillsborough, Co. Down, BT26 6HH
 Or email a scanned copy to: NIHQ@boys-brigade.org.uk

FOR NIHQ USE: Date received Receipt Number



Boys' Brigade Northern Ireland District Consent/Medical Form – NID Courses

Please complete in BLOCK CAPITALS

PART A – Event details

Event/activity: Skills for Queen's Badge Residential Course

Location: Newport, 117 Culcavy Road, Hillsborough, Co. Down, BT26 6HH

Dates:

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

Name of young person:

Date of birth: / /

Address

Town Postcode

MEDICAL DETAILS

Name of young person's Doctor:

Surgery address:

Surgery Phone:

Does the young person have any allergies? ☐ No ☐ Yes (please provide details)

Does the young person have any illnesses or disabilities relevant to this activity?

Is the young person currently taking medication? ☐ No ☐ Yes (please provide details)

Does the young person self-medicate? ☐ No ☐ Yes

Please label medication with the young person's name and provide clear instructions for its use (whether or not they self-medicate)

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

Does the young person have any food allergies or intolerances?* ☐ No ☐ Yes (please provide details)

Please give details of any additional medical/health information leaders should be aware of:

EMERGENCY CONTACT DETAILS

Please provide details of the primary contact (usually parent/carers) and an additional emergency contact who will be contactable at all times during event/activity:

Primary contact Name:

Relationship to young person:

Telephone (Home): Mobile:

Additional Emergency Contact:

Relationship to young person:

Telephone (Home): Mobile:

CONSENT

The parent/carer is required to read and agree to all the following statements:

- I give permission for my child to attend and take part in the event/activity(ies) stated overleaf – in the case of a residential course activities may include sporting activities or an off site excursion;
- I confirm that the information provided is correct to the best of my knowledge and undertake to notify the leader in charge of any changes;
- I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorize leaders to give permission for my child to receive medical treatments as considered necessary by the medical authorities present.

Photographs/Video

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

Signed by Parent/Carer/Participants over 18

I confirm that the information provided is correct to the best of my knowledge and undertake to notify the Leader in Charge of any changes.

Name:

Relationship to young person:

Date:

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*Allergens

Food served may contain allergens. We cannot guarantee that the food served is allergen free but if we have advance notice of a participant's food allergy/intolerance we will do our best to provide for their needs.

