

NOTTINGHAM CHRISTIAN YOUTH HOLIDAYS

10 Caversham Way, West Hallam, Derbyshire, DE7 6LN Tel: 0115 930 8719
Website: www.ncyh.co.uk Email: info@ncyh.co.uk



LEADER APPLICATION FORM CONFIDENTIAL

We ask all volunteer leaders to fill in this application and declaration form. If you attend a week or weekend at camp you will be part of a team who has the responsibility for the physical and spiritual lives of children and young people. Consequently, we would ask you to prayerfully think about your application and your ability to undertake the role you are considering and whether you are willing to undertake training and attend pre-camp preparation meetings. The appropriate fee is expected to be paid by Leaders. If you are a student or full time worker – please let us know. Finally we would ask you to pray for the work of camp that God will bless both camp and your involvement.

Full Name _____ Date of Birth _____

Home Address _____

_____ Post Code _____

Home Telephone (_____) _____ Mobile _____

Email _____

Emergency and Next of Kin details

Next of Kin _____

Emergency Contact _____

Home telephone _____ Mobile _____

Please give the names of two people we can contact for a reference. Ideally this should be a church leader and another committed Christian. Neither should be family members.

Church leader Name and Position: _____

Address: _____

Phone number: (_____) _____ Mobile: _____

Email: _____

Christian Friend Name: _____

Address: _____

Phone number: (_____) _____ Mobile: _____

Email: _____

YOUR FAITH

What is your understanding of being a Christian? _____

How and when did you become a Christian and how has this affected your life? In what ways do you see yourself growing in your faith over the last year?

Do you regularly attend a church/ cell group? If so, which church, and are you involved in serving in anyway within this group?

Please read the Basis of faith and comment on anything with which you are unable to agree:

Basis of faith

The basis of faith of Nottingham Christian Youth Holidays shall be the fundamental truths of Christianity as revealed in God's word, namely:

- God as the creator of all men, and the Father of all who believe in the Lord Jesus Christ
- The Lord Jesus Christ as the only begotten Son of God, the Revelation of the love of God, Redeemer of the world, and the One Mediator through faith in Whom alone we obtain forgiveness of sins and life eternal
- God the Holy Spirit, who lives in all those who trust in the Lord Jesus Christ making them increasingly Christ-like.
- The fact of sin, and the necessity for atonement by faith in the Lord Jesus Christ alone
- The Incarnation, Death, Resurrection, Ascension and coming again of the Lord Jesus Christ
- The Divine inspiration and entire trustworthiness of the Bible and its supreme authority in all matters of faith and conduct.

YOUR EXPERIENCE

In order to assess any training needs for camp, please provide the following information:
Please state any experience you have in youth or children's work, either inside or outside church:

Please state any practical experience (e.g. crafts, IT, photography, sports interests etc.):

Please state any relevant qualifications or practical training certificates you have (e.g. food hygiene, lifesaving, first aid, climbing, canoeing, coaching etc.) Please give details and the dates qualifications were obtained

Please state any experience you have had of leading/speaking at meetings (adult or children/young people)

Please give details of the type of driving license you hold together with any points you may have

What is your present job or occupation? _____

Do you have experience/training in catering? _____

Would you be willing to serve as part of a catering team? _____

Can you play a musical instrument? If yes, what type? _____

Please state any other experience you have which would be of benefit at camp

Please specify any training needs you feel you may have

If you have been to a NCYH camp before, please specify your role and when you went.

CHILD PROTECTION

Answering 'Yes' to any of the following questions won't necessarily exclude you from being involved in camp, however, please answer the questions as fully as you can. Positions at camp are exempt from the 'Rehabilitation of Offenders Act 1974' and will be subject to a check with the Criminal Records Bureau.

Do you have any current or spent criminal convictions, cautions, or cases pending? Yes/No

Do you have or have you suffered from any illness which may directly affect your work with children and young people?

Yes/No _____

Do you have any special needs or disabilities? Yes/No

Do you require a special diet (e.g. vegetarian, gluten free etc)? _____

CHILD PROTECTION POLICY STATEMENT

Nottingham Christian Youth Holidays is committed to creating and maintaining the safest possible environment for children and young people at all venues we use. We do this by:

- Recognizing that all children have the right to freedom from abuse
- Ensuring that all of our team members are carefully selected and accept responsibility for helping to prevent the abuse of children in their care
- Responding swiftly and appropriately to all suspicions or allegations of abuse, and providing parents and children with the opportunity to voice any concerns they may have
- Reviewing the effectiveness of our Child Protection Policy and activities each year
- By appointing nominated persons who will take specific responsibility for child safety policy and act as reference point for parents, children and outside agencies.

Thank you for taking the time to fill in this application form.

Declaration

A I have read the Basis of Faith;

B I have read and agree to comply with the Child Protection Policy Statement;

C I will seek to maintain the unity of the team, giving full support to the leadership team and being willing to put aside my denominational / church preferences and practices where necessary;

D I am not and have not suffered from any illness which may directly affect my work with children;

E I have completed all sections of the form truthfully.

Signed _____ Date _____

OFFICE USE ONLY

References 1 2 Position _____ Disclosure and Barring Service _____

CONFIDENTIAL
LEADERS MEDICAL FORM

Full Name _____ Date of Birth _____

Home Address

Post Code

Home Telephone (_____) _____ Mobile _____

Email _____

Medical Details

Name of Doctor

Address of Practice

Telephone (_____) _____

(a) Do you suffer from any conditions of which the leaders should be aware: Yes / No

Details _____

Please give details of anything the leader needs to know about safety care for you e.g. illness, travel sickness, allergies, etc

(b) Are you allergic to any medication? Yes / No

Name of medication

(c) To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last 6 months that may be, or become, contagious or infectious? Yes / No

Details _____

(d) When did you last have a tetanus injection? _____

(e) Details of any medication (note separately any special precautions, side effects of medication, etc.)

| Name of medication | Dosage | Times of day or circumstances to be given | Method of administration |
|--------------------|--------|---|--------------------------|
| | | | |
| | | | |
| | | | |

Name of Next of Kin:

Contact details: _____

Home telephone: _____

Mobile: _____

***Medical Declaration**

I undertake to inform the Leaders of NCYH as soon as possible of any change in the medical or other circumstances between the date signed and the beginning of the camp.

I agree to receiving emergency medical treatment, including anesthetic and blood transfusion, as considered necessary by the medical authorities present.

Signature:

Dated: