



Jonathan Masters  
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## LEADERS CONSENT FORM - 1. Your Details

Full name \_\_\_\_\_  
Name known as \_\_\_\_\_  
Date of birth \_\_\_\_\_ (dd/mm/yyyy) Gender \_\_\_\_\_  
Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Parish \_\_\_\_\_ Parish No. \_\_\_\_\_

## 2. Your Medical Information

Do you have any **allergies** (e.g. food, pollen, etc.) or any other **medical conditions** we should be aware of (e.g. Asthma, epilepsy, ADHD). If so please give details below and any requirements you may have whilst at The Journey e.g. may need to take inhaler.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary needs?

Vegetarian  Vegan  Lactose Intolerant  Coeliac  Diabetic

Other \_\_\_\_\_

Do you have any additional needs or disability? Yes  No

What support will you require during The Journey?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything we should be aware of for you to participate in the pilgrimage (3 miles)?

e.g. may need to take inhaler, please give details below Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other information is important for us to know about you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Media and electronic communications.

Chester Diocese may take photographs / videos at the Thy Kingdom Come Events, which may include you. They may be used to publicise further events or in Diocese Publications. Any pictures or videos taken will be used sensitively and in compliance with our Safeguarding Policy, which is available to read at <https://www.churchofengland.org/more/safeguarding#na>

Do you give **permission for you to appear in these photographs / videos** and for these to be **used by the Diocese of Chester** for its:

<b>Printed literature</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Emailed literature</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Websites*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Social media*</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

\*Please note that online material can be viewed throughout the world and not just in the UK where UK law applies.

### 4.a. Emergency contact details 1

Who should we contact as the first emergency contact (over 18)

Name	_____	Relationship to you	_____
Home phone	_____	Mobile	_____

### 4.b. Emergency contact details 2

Please provide a second emergency contact (over 18) in case we are unable to contact the above person.

Name	_____	Relationship to you	_____
Home phone	_____	Mobile	_____

### 5. DBS

**I enclose the Reference Number of my latest DBS check and will inform you of any changes between now and the event.**

Ref	_____
No.	_____
Initial	_____

**I understand I need to bring my latest DBS check with me.**

### 6. Declaration and Consent

I understand that that while involved I will be supervising and caring for the young people in my youth group and will look out for others attending the event. While the leaders in charge of the event will take all reasonable care of the children, I am the responsible adult for my youth group and the leaders of the event cannot necessarily be held responsible for any loss, damage or injury suffered by me or my group during or as a result of the event.

I understand that the information given will be used by Chester Diocese and my church.

**I confirm that by signing this form I am submitting full and accurate information to be able to take part in the activities of The Journey 18<sup>th</sup> - 20<sup>th</sup> May 2018.**

I give **permission** to receive **first aid, should I require it** Yes  No

In an emergency and / or if I am not contactable, **I am willing** to receive necessary hospital or dental treatment including an anaesthetic. Yes  No

I **would like** to be contacted about more events run by Chester Diocese:

**Under 5**  **Children**  **Youth**  **Young adult**  **Adult**

Signed \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)

Name (block capitals please) \_\_\_\_\_