



# D of E Gold Residential Course Application Form



Course dates:

D of E Unit

Surname	Initials	First Name	2 <sup>nd</sup> Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E Mail address	Date of Birth
<input type="text"/>	<input type="text"/> / /

Home address & Invoice address

Telephone (day)	Telephone (Mobile)	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Where did you here about the course? Please circle

Google /Internet      D of E website      Recommended      Other (Please state)

To confirm a place on the course, I enclose:

*Please tick as appropriate:*

- Non-refundable deposit of £100.00 (remainder to be paid at least 8 weeks before the start of the course)
- Full payment
- You may book the course less than 8 weeks. This requires full payment

All cheques should be made payable to **Fusion Lifestyle and sent to Blue Peris**  
Credit card payments can be taken over the phone by centre administrator

### Booking Declaration:

Signed  Date  / /

### Parents must sign for students under the age of 18

Parents are reminded that D of E gold is open to students of the ages 16 to 24. In addition to this, the centre may include other groups in residence that are over the age of 18. In an emergency, we may be required to use a taxi for hospital visits without a member of Blue Peris staff to accompany your son or daughter.

### Please return ( with the appropriate medical form )

Blue Peris Mountain Centre, Dinorwic, Caernarfon, Gwynedd, LL55 3ET

T: 01286 870853 F: 01286 870853

[bpmc-sales@fusion-lifestyle.com](mailto:bpmc-sales@fusion-lifestyle.com)

### **Confidential – U18's Personal Details/ Medical Form**

*This form must be signed by the parent or guardian of children under the age of 18. Staff responsible for students on a residential visit are acting in loco parentis and therefore need this information and parental permission to help them properly exercise their duty of care.*

Course date booked:		School/college:			
Surname:		Forename:		National Health No .	Age:
					Sex:
Home address:		Email:			
		Home Tel:			
		Mob:			
		Date of birth:			
Next of kin and Address:		Doctors name and address (student's):			
24h Contact Tel:		Contact Tel:			
Work Tel:		Email:			
<p><b>Are there any special medical, physical allergies issues of which the centre staff should be aware, e.g. asthma/epilepsy/ diabetes/dislocations/disabilities: or any ALLERGIES e.g. Penicillin/ aspirin/ elastoplasts? If so please inform us the last time a fit/attack happened, the last time medication was taken or any visit to hospital/doctor. In addition to this, please give all relevant details about how something could affect your performance at the centre. Contact the centre if you need additional information about how an activity might affect you, and check with your doctor if you are not sure of how a condition might affect your ability to participate Failing to do so could put you at risk. Continue on another sheet if necessary.</b></p>					
<p>Is your child receiving any regular medical treatment? <i>Give details and the required dose</i></p>					
<p>Do you wish a member of staff to look after any medicines? <i>If so, you must hand all medications and instructions to the school course coordinator</i></p>					
<p>Do you give permission for Paracetamol/ Calpol to be given to your child if necessary?</p>					
Is their tetanus up to date?		Date of last vaccination:			
Their swimming ability: <i>(please circle distance)</i> <i>You must be able to swim 25m to go White Water Rafting</i>		Non swimmer		25m	50+m
<p>Details of any special dietary requirements e.g. vegetarian, Halal or food allergies:</p>					

*I understand the conditions under which my son/daughter has been accepted on a course at Blue Peris. I hereby agree that my son/daughter ..... may take part in the activities organised by the Centre manager or his representative and I agree to him/her receiving such medical treatment as may be deemed necessary, should, in the opinion of the physician concerned, the delay in contacting myself be potentially injurious to my child's health. In consideration for the Centre or School's staff, I/we agree to indemnify the Centre staff and School's staff and the Local Authority against all claims, costs, actions and demands whatsoever resulting from taking part in the programme of activities or the administration of medicines unless such claims, costs, actions or demands result out of the negligence of the Centre staff, the School's staff or the Local Authority.*

**If you do not permit photos/ videos to be stored by the centre / or used by then organisation that your son/daughter is attending with please tick the box:      TICKING THE BOX MEANS NO PICTURES CAN BE TAKEN OF YOUR SON / DAUGHTER ON THEIR TRIP**

Signed:	Date:
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### Confidential – Over 18's Personal Details/ Medical Form

Course date booked:				Organisation:			
Name:				Sex:		Date of Birth:	
Correspondence address :				Next of Kin and address (if different):			
<b>Mobile Tel</b>		HomeTel:		Tel:			
Email:				Work Tel:			
NI Number:				Mob:			
Doctors name and address:				Doctors Tel:			
<p>Are there any special medical, physical allergies issues of which the centre staff should be aware, e.g. asthma/epilepsy/ diabetes/dislocations/disabilities: or any ALLERGIES e.g. Penicillin/ aspirin/ elastoplasts? . If so please inform us the last time a fit/attack happened, the last time medication was taken or any visit to hospital/doctor. In addition to this, please give all relevant details about how something could affect your performance at the centre. Contact the centre if you need additional information about how an activity might affect you, and check with your doctor if you are not sure of how a condition might affect your ability to participate Failing to do so could put you at risk.Continue on another sheet if necessary.</p>							
Is your tetanus up to date?				Date of last vaccination:			
Please give relevant details of any recent or regular medical treatment, including details of medicines etc:				Details of any special dietary requirements e.g. vegetarian or food allergies:			
Your Swimming Ability: <i>(please tick box)</i> <i>You must be able to swim 25m to go White Water Rafting</i>				Do you hold a current First Aid Certificate:			
Non swimmer		<input type="checkbox"/>		25m		<input type="checkbox"/>	
		<input type="checkbox"/>		50+m		<input type="checkbox"/>	

I understand that: I shall be taking part in physically strenuous activities, and I am physically fit to do so. Bedford Borough Council is under no liability whatsoever in respect of loss or damage to personal effects which I may sustain. I agree to comply with the safety regulations as designated by the Centre Manager and staff at Blue Peris Mountain Centre. I agree to indemnify the Centre staff and the Local Authority against all claims, costs, actions and demands whatsoever resulting from taking part in the programme of activities or the administration of medicines, unless such claims, costs, actions or demands result out of the negligence of the Centre or Local Authority staff

**If you do not permit photos/ videos to be stored by the centre / or used by your organisation then please tick the box:  
TICKING THE BOX MEANS NO PICTURES CAN BE TAKEN OF YOU WHILST ON THE TRIP**

Signed:	Date:
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