**Youth Ranger Application Form 2019**

***CONFIDENTIAL***

*The information on this form is confidential and will be used to assist us in choosing the best candidates for the Youth Ranger Programme.*

**PLEASE PRINT ALL DETAILS**

**Parent/Carer details**

Title

Click here to enter text.

Click here to enter text.

Forename Surname Title

Click here to enter text.

Click here to enter text.

Daytime : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click here to enter text.

Tel Number

Address

Click here to enter text.

Click here to enter text.

Postcode

Click here to enter text.

Email address:

Does your child have any allergies, medical conditions or recent injuries we should be aware of? Yes  No

If yes please provide details below:

Click here to enter text.

Please note children must carry medication such as inhalers and epi-pens with them at all times throughout the programme and make leaders aware that they have them.

Please provide next of kin contact details, in case of emergency, if different from above.

Click here to enter text.

Click here to enter text.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel no: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel no: (work/mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click here to enter text.

Click here to enter text.

I permit my child to participate in the Youth Ranger programme and permit RoGLP and their appointed provider to take photos and videos of my child for use in the promotion\* of the Ring of Gullion Landscape Partnership and Youth Ranger programme.

Click here to enter text.

Click here to enter a date.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Photos and videos may be used in publications, press articles and websites for non-profit making purposes.

**Participant Details**

Click here to enter text.

Click here to enter text.

Forename Surname

Click here to enter text.

Date of Birth: Gender: Male  Female

Q1. Why is the Ring of Gullion important to you? (100 words maximum – 50% weighting)

For Office use only: Applicant number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Click here to enter text.

Q2. Why are you interested in becoming a Youth Ranger? (100 words maximum – 50% weighting)

Click here to enter text.

**Availability** – Preference will be given to applicants available for the full two-week programme. Please advise us of any holidays or other events, which might prevent you from attending any of the Ranger Days, **by ticking which days you cannot attend**. Youth Ranger days will be held on the 16th, 17th, 18th, 19th, 22nd, 23rd, 24th and 25th, July 2019.

**Youth Ranger Health Declaration** – “I understand that being a Youth Ranger may be physically demanding. I consider myself fit to undertake the tasks I have expressed an interest in and agree to inform the Ring of Gullion Landscape Partnership of any changes to my health.”

Click here to enter a date.

Click here to enter text.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

bs01008_The Data Protection Act 1998 sets rules for processing personal information. The data we have asked for is collected for administrative and insurance purposes, and to allow us to contact you with matters which may interest you. This information is for the sole use as described above.

**PLEASE RETURN COMPLETED FORM TO:**

Alison Brady, Crossmaglen Community Centre, Crossmaglen, Co. Armagh, BT35 9AA

Or email: volunteer@ringofgullion.org

**Forms must be returned by 5pm on Friday 28th June 2019.**