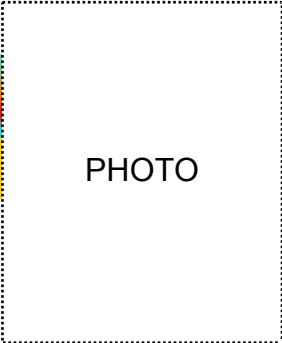




# North England Conference

## Club Staff Membership Form



Please use BLOCK CAPITALS

\*Please delete as appropriate

### 1 Applicant Details

Surname ..... First Name ..... Mr / Mrs / Miss\*

Address .....

..... Postcode .....

Tel. .... Mobile .....

Date of Birth ..... Age ..... Church .....

Club Name

### 2 Applicant Achievement Record

Please indicate Staff classes already completed:

KCFS 1  Basic Staff Training  Level 1 Training

Master Guide  KCFS 2  Pathfinder Leadership Award

### 3 Applicant Behaviour Contract

I would like to join the Pathfinder/Adventure club as a member of staff. I will ensure that I attend the regular club meetings; camps; field trips and all other activities planned by the club director and made available to me. I understand that this is a Christian club and I am responsible for my own behaviour as outlined in the spirit of the Pathfinder Pledge and Law and in any other, more specific, Club Code of Conduct as supplied to me. I will work in accord with the guidance of the British Union Child Protection Policy: Keeping Our Church Family Safe. I will cooperate with the club director at all times.

Signature ..... Date .....

(Applicant)

### 4 Church Safety Officer Statement of Approval

I affirm that the applicant named above meets the requirements of the British Union Child Protection Policy: Keeping Our Church Family Safe.

**I understand that the Adventurer/Pathfinder Club is dependant upon the accuracy of this statement to maintain the highest levels of Child Protection.**

Signature ..... Date .....

(Church Safety Officer on behalf of Church Board)

Club Year

### 5 Club Director Membership Application Approval

As club director I have carefully read the details of this application for club staff membership, in particular the medical information, and am willing to accept the applicant as a member of club staff.

Signature ..... Date .....

(Club Director)

## ⑥ Health and Medical Details

The Club Director will provide emergency medical care to the level of:  
**First Aid at Work.**

### In case of emergency notify:

Surname ..... First Name ..... Mr / Mrs / Miss\*  
Tel. .... Mobile ..... Relationship.....

### General Practitioner's Details:

Doctor ..... Tel. ....  
Surgery Address .....  
..... Postcode .....

**Have you had or do you have:** if Yes give details on a separate sheet and attach to this application form

Asthma ..... Diabetes ..... Arthritis ..... Heart Problems .....

Hypertension ..... Fainting Spells ..... Menstrual Problems .....

Bed Wetting ..... Behavioural Problems ..... (e.g. ADHD) Allergies .....

Mental Health Problems ..... (e.g. Depression) Kidney Disease .....

**Are you allergic to:** Penicillin ..... Anaesthetic ..... Other .....

**Are you currently taking medicine:** ..... if Yes give details of what the medicine is for, the name of the medicine and how it is to be administered on a separate sheet and attach to this application form

### Please explain any illness or limitation of activity:

**Do you wear:** Glasses ..... Contact lenses ..... Dentures .....

**Do you have any special dietary needs of which we should be aware:** .....

if Yes give details on a separate sheet and attach to this application form

### Medical Authorisation

“This health report is correct so far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalise or treat, including proper anaesthesia, injection, or surgery for my son/daughter.”

Signed: ..... Date .....

(Applicant or Parent/Guardian if under 18 years)

## ⑦ Child Protection

It is the responsibility of the Club Director to ensure that all members comply with the British Union Child Protection Policy: Keeping Our Church Family Safe, as interpreted and applied by the Local Church Safety Officer. A copy of this Policy may be obtained from the Local Church Safety Officer.