

The Boys' Brigade Northern Ireland Headquarters

Newport, 117 Culcavy Road, Hillsborough, Co. Down, BT26 6HH Tel: 028 926 88 444 Email: nitraining@boys-brigade.org.uk

Queen's Badge Residential Courses 2017-2018

Cost £75.00 Payment can be made by cheque or card. (NB: card processing fee applies)

Venue Provisionally - Humphrey's at Rathmore, Larne/ BB NIHQ Newport as noted below.

Dates 9–11 February 2018

23-25 February 2018 \rightarrow Provisionally - Humphrey's at Rathmore, Larne

9-11 March 2018

20-22 April 2018 - provisionally BB NIHQ, Newport 22–24 June 2018 (Joint Skills/Residential) - provisionally BB NIHQ, Newport

Notes Maximum of 5 candidates per Company per course

You must participate fully in a Completion Residential:

- (a) no earlier than the session equivalent to Year 13;
- (b) not less than 12 months from the date of registration; and
- (c) not less than 6 months from the completion of Skills for Queen's Badge training.

Registrations will only be accepted by receipt of completed record book, registration form, consent form and payment. Extra Forms may be photocopied.

If 1st choice course is fully booked at time registration is received captain will be notified that they have been allocated their 2nd choice course.

Refund Policy

Withdrawal, including transfer to another course:

- less than 8 days prior to commencement of a course will result in the loss of 100% of the course fee;
- 8-14 days prior to commencement of a course will result in the loss of 75% of the course fee;
- 15-28 days prior to commencement of a course will result in the loss of 50% of the course fee.

For full Terms and Conditions see http://www.bbni.org.uk/niforms.htm

Payment Options

Cheque

Please make cheque payable to 'Boys' Brigade NI District' and post with completed forms to the address above.

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Card (online using PayPal – you don't need an account to use this service.)

Use this link <u>www.paypal.com/uk/webapps/mpp/send-money-online</u>

Enter the amount (including charges) to be paid and the following email address to send payments to: newport@boys-brigade.org.uk In the notes section please type your company name and what the payment is for. Then post these forms to the address above.

Data protection

The Boys' Brigade is registered under the Data Protection Acts. Any parent may request a copy of relevant information held by the Company/ Battalion/District and enquiries should be directed to Brigade Headquarters.



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Queen's Badge Residential Courses 2017-2018 Registration Form

Course Applied for:	1st Choice:			2nd Cho	ice:			
Candidate Name:	Name you want							
candidate Name.	printed on Boy's							
	QB certificate:							
	Known as:							
Date of Birth (dd/mm/yyyy)								
Company								
Candidate's Address								
(Incl. Postcode)								
Candidate's Telephone	Landline							
	Mobile							
Candidate's Email Address				T				
Date of Registration for Queen's Badge (stamped in Record Book)								
Date Skills for Queen's Badg (must be at least 6 months bef	•		ntial)					
Payment:					75.00			
If paying vid	a PayPal please a	dd £1.50	(PayPal proces	sing fee)				
			Gra	nd Total				
Tick payment method selected	l: PayF	Pal*			Cheque			
*See notes on page 1.								
Signed: Daytime Tel. No:								
Company Captai	n							
Captain's email:								
Please send this registration form along with the following documents to: Newport, 117 Culcavy Road, Hillsborough, Co. Down, BT26 6HH								
☐ Consent Form								
☐ Completed QB Record Book								
Course Fee - Cheque enclosed [] OR PayPal used []								
FOR MILIO LICE.								
FOR NIHQ USE:	Date received			_ Receip	Receipt Number			
	Consent form re		[]	•	in book	[]		
	6 months since	S4QB	[]	books	signed by	QBA []		



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Consent Form

PART A (To be completed by Company C		
Company/Battalion/District:	Northern Ireland District	
Activity or Event:	Queen's Badge Residential	
Venue: Dates:	Humphrey's at Rathmore, Larne BT40 1DZ	
Officer in Charge:	N.I.D. Training & Programme Officer Number during the weekend: 028 2827 3263 guardians make a note of the above details.	Tel No: 028 9268 8444 (Mon-Fri) 3. It is advised that parents/
PART B (To be completed by the Parent/ Full name of member:	'Guardian <u>)</u>	
Date of birth:		
Email Address*:		
*May be used for course correspondence us not to contact your son by email pleas	e and to inform boys of other BB opportunities to se do not fill in this part.	hey may be interested in. If you prefer
MEDICAL DETAILS Name of young person's Doctor:		
Doctor's address:		
Doctor's Tel No:		
National Health Service Number:		
Details of medicine/diet/ treatment		
being taken/followed (including any		
medication needed during event/ activity):		
Details of known allergies/ sensitivities (e.g. penicillin):		
Has the young person been immunised a	against tetanus within the last 5 years. Yes \Box	No □
PARENT/GUARDIAN CONTACT DETAILS	(for use during the event/activity)	
Name:	(10, 100, 10, 10, 10, 10, 10, 10, 10, 10,	
Address:		
Telephone (Home):	Mobile:	
Alternative Contact: Name:	Tel No:	
PERMISSION		
I give my permission for	(voung person's n	ame) to attend and take part
in activities which may include sporting a or accident, having parental responsibilit	activities, drill, Church parade or visit to local leity for the above named child, I give permission der, if available, or medical treatment to be adr	isure centre. In the event of illness for first aid to be administered
	th us, photographs/video may be taken and use is we need your permission. On signing this forr aken unless otherwise informed.	
Parent/ Guardian Signature:	Date:	