



**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

Skills for Queen's Badge Residential Courses 2017-2018

This course qualifies Seniors for their skills based training

Cost	£75.00 Payment can be made by cheque or card. (NB: card processing fee applies)
Venue	Humphrey's at Rathmore, Larne
Dates	3-5 November 2017 (Code Academy Course) 17-19 November 2017 26-28 January 2018 6-8 April 2018 (provisionally venue will be BB NIHQ, Newport) 22 -24 June 2018 (provisionally venue will be BB NIHQ, Newport)
Notes	Maximum of 5 candidates per Company per course Registrations will only be accepted by receipt of completed form, work plan, consent form and payment. If 1st choice course is fully booked at time registration is received, the Captain will be notified that the candidate has been allocated their 2nd choice course.
Refund Policy	Withdrawal, including transfer to another course: <ul style="list-style-type: none">• 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. <p>For full Terms and Conditions see http://www.bbni.org.uk/niforms.htm</p>
Payment Options	Cheque Please make cheque payable to 'Boys' Brigade NI District' and post with completed forms to the address above. Or Card (online using PayPal – you don't need an account to use this service.) Use this link www.paypal.com/uk/webapps/mpp/send-money-online 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 Work Plan

Candidate Name:		Company:	
Skills-Based Training			
Responsibility Brigade or Church			
Voluntary Service outside Brigade & Church			
	ONLY complete TWO activities from the following THREE sections		
Skills			
Physical			
Expedition/ Exploration			
Completion Residential			

Signed:

QB Advisor:

Candidate:

Company Captain:

Date:

(Any changes should be initialed and dated by Queen's Badge Advisor)



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Consent Form

PART A (To be completed by Company Captain/Official)

Company/Battalion/District: Northern Ireland District
Activity or Event: Skills for Queen's Badge Residential
Venue: Humphrey's at Rathmore, Larne BT40 1DZ
Dates: _____
Officer in Charge: NID Training & Programme Officer **Tel No:** 028 9268 8444 (Mon-Fri)
Number during the weekend: 028 2827 3263

It is advised that parents/guardians make a note of the above details.

PART B (To be completed by the Parent/Guardian)

Full name of member: _____
Date of birth: _____
Email Address*: _____

**May be used for course correspondence and to inform boys of other BB opportunities they may be interested in. If you prefer us not to contact your son by email please do not fill in this part.*

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 against tetanus within the last 5 years. Yes [] No []

PARENT/GUARDIAN CONTACT DETAILS (for use during the event/activity)

Name: _____

Address: _____

Telephone (Home): _____ Mobile: _____

Alternative Contact:

Name: _____ Tel No: _____

PERMISSION

I give my permission for _____ (**young person's name**) to attend and take part in activities which may include sporting activities, drill, Church parade or visit to local leisure centre. In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

During the time your child will spend with us, photographs/video may be taken and used for PR to include print media, BB publications and social media and for this we need your permission. On signing this form we will assume you have given permission for your child's image to be taken unless otherwise informed.

Parent/ Guardian Signature: _____ Date: _____