



Dear Parent/Guardian of young person,

Thanks for signing your child up to the NCS Element Summer Programme 2018. We hope you find this welcome pack useful and take the time to read through all the information contained. More information will be sent out leading up to the summer but we encourage you to contact us if you have any questions concerning the programme. We understand that summer time can be busy and NCS may have to fit around other plans and activities.

Your child hasn't chosen which wave they'd like to take part in yet.

If this is incorrect or you would like to change this follow the steps below

CALL us on 0114 2999 210

Or

EMAIL 'CHILDS FULL NAME' and their wave preference to ncs@element.li

Stage	Wave 1	Wave 2	Wave 3
Adventure residential	2 nd -6 th July	9 th -13 th July	6 th -10 th August
Home residential	9 th -13 th July	16 th -20 th July	13 th -17 th August
Social action planning	16 th -20 th July	23 rd -27 th July	20 th -24 th August
Social action delivery	23 rd -27 th July	30 th July-3 rd August	27 th -31 st August

Inside this pack

Enclosed in this pack are all the forms required for your child to sign up to NCS with us, as well as a self-addressed envelope so you can return the forms to us. There is also a kit list which details everything your child will need while on NCS.

Any Questions?

We understand that you and your child may have lots of questions. We host Parents Evenings closer to the residential to give you a chance to meet us and ask us any questions. Until then feel free to contact us:

Phone: 0114 2999211

Email: ncs@element.li

We are open from 10am-6pm

I look forward to hearing from you, we're excited to see your child on NCS next summer!

Richard Ripley
NCS Manager

NCS KIT LIST

CLOTHING

<input type="checkbox"/> T-shirts	<input type="checkbox"/> Jeans
<input type="checkbox"/> Sweatshirt/jumpers	<input type="checkbox"/> Underwear
<input type="checkbox"/> Extra T-shirts or a thermal top	<input type="checkbox"/> Pyjamas
<input type="checkbox"/> Warm tops and/or waterproof top	<input type="checkbox"/> Shorts
<input type="checkbox"/> Thick and thin walking socks	<input type="checkbox"/> Swimwear
<input type="checkbox"/> Trousers for walking	<input type="checkbox"/> Hat or cap
<input type="checkbox"/> 2 Pairs of trainers (one will get wet)	<input type="checkbox"/> Towels

OTHER ESSENTIALS

<input type="checkbox"/> A packed lunch for the journey	<input type="checkbox"/> Toiletries: shampoo, deodorant etc
<input type="checkbox"/> Notepad and pen	<input type="checkbox"/> Any prescribed medication

USEFUL ITEMS

<input type="checkbox"/> Drinking bottle	<input type="checkbox"/> Gloves
<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Insect repellent
<input type="checkbox"/> Sun cream	<input type="checkbox"/> Books or magazines
<input type="checkbox"/> Blister kit	<input type="checkbox"/> Bin bags (for wet clothes)

LUGGAGE

<input type="checkbox"/> 1 Large bag such as a suitcase	<input type="checkbox"/> 1 Day bag such as a small ruck-sack
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WHAT NOT TO BRING

We are not able to insure personal belongings such as watches, jewellery, iPods, mobile phones etc. It is advised to leave them at home. If the participant chooses to bring such items, it is at their own risk.

DON'T FORGET!

Mobile phones are allowed, but you may be asked to leave your phone at base or it may be collected in by a staff member to prevent loss or damage and so that we have your full attention during activities.

Young Person Code of Conduct

Whilst on the programme, Element Society want you, your team mates, and staff members to have a positive experience and enjoyable time.

To do this, we require that you are mindful of others and follow the Code of Conduct set out below.

GENERAL BEHAVIOUR

- Arrive on time for activities and meetings.
- Display and promote high standards of behavior at all times.
- Respect the team leaders' and other staff members' decisions and instructions.
- Respect other people.
- Value the help that others give you, and acknowledge support from team mates, team leaders and instructors.
- Remember, everyone makes mistakes.

HEALTH, SAFETY AND WELFARE

- Listen carefully to those who are instructing you and act as directed.
- Use equipment for the purpose for which it is intended and remember that others may also need to use it.
- Take some responsibility for your own safety and encourage others to enjoy activities safely and responsibly.
- Inform an appropriate staff member if you intend to leave an activity at any time.

Print Name:

Signature:

Date:

PERSONAL ACTIONS

- Think about improving your skills and look towards developing yourself.
- Win with modesty and lose with dignity when participating in activities.
- Inform the team leader or other staff member of any issues or concerns you have including any bullying you see or anything else that could make another person unhappy.

TEAM WORKING

- Always speak to others with respect and listen to others opinions.
- Contribute to team activities and co-operate with others.
- Encourage others in a positive manner.
- Applaud others efforts, contributions and endeavours as well as successes.
- Avoid criticising team members

I understand that the following examples constitute unacceptable behaviour whilst participating in the programme, although they are not an exhaustive list

- Disrupting sessions/activities.
- Having fun at the expense of others or embarrassing them.
- Engaging in offensive, insulting or abusive language.
- Abusing or disrespecting other participants, members of staff, and members of the public.
- Stealing or deliberately damaging equipment or belongings.
- Participating in any activity which constitutes a form of bullying either by yourself or as a group.

This includes:

- **Physically** - pushing, hitting, kicking, pinching, etc.
- **Verbally** - name-calling, spreading rumours, teasing, sarcasm
- **Emotionally** - tormenting, ignoring, humiliating etc.
- **Racially** - taunts, graffiti and gestures.
- **Sexually** - unwanted physical contact or abuse.
- **Electronically** - unwelcome texting, e-mails and blogs.

I understand that participants are not permitted to consume alcohol or take drugs of any kind whilst involved in any activities on programme.

I understand that if I do not follow the Code of Conduct, the following actions may be taken by my team leader and community trust. I may:

- Be required to apologise to my team-mates, other participants or staff.
- Be subject to an appropriate disciplinary sanction or participate in mediation.
- Receive a formal warning.
- Be asked to leave programme.

Medical Form

PLEASE CHECK ALL THE PRE-PRINTED INFORMATION IS CORRECT. If any of it is false, call us on 0114 2999 210 to change it.

Please read this form carefully and give information as fully as possible. This information is for the staff that are responsible for your safety and will be strictly confidential to them. Please complete all fields. **Continue on the back if you need more space.**

PARTICIPANT DETAILS	
Name of participant:	Date of Birth:
Address:	
Mobile Phone:	Home Phone:

EMERGENCY CONTACT DETAILS	
Name of parent / guardian:	
Address:	
Mobile Phone:	Home Phone:

MEDICAL INFORMATION	
Please give details of disabilities/special needs	
Medical Conditions and medication e.g. asthma, epilepsy, diabetes, allergies, please use the reverse side if you require more space:	
Recent Injuries or illnesses e.g. back strain, influenza:	
GP Name:	Phone Number:
GP Address:	
Details of any special dietary requirements?	Can you 25 swim meters unaided? (please tick appropriate box) Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the participant vaccinated against Tetanus? If yes, when was the last injection was given:	

I declare that the information on this form is correct and to the best of my knowledge. I agree to myself/my child participating in this activity and I understand the nature of the activities undertaken. I also agree to medical and dental treatment being given to him/her if required, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendations of a qualified medical practitioner.

Signed..... Participant or Parent/Guardian (if U18) Date:.....

More information about you

These questions help us make sure we're working with a group of young people that is as diverse as possible. Any information you give us will help us map our progress as an inclusive organisation.

If you are uncomfortable disclosing your ethnic background or religion, please tick "Prefer not to say" rather than leaving the field blank.

Do any of the following circumstances apply to you? (Please tick all that apply)

<input type="checkbox"/> Blind or partially sighted	<input type="checkbox"/> A statement of special educational needs
<input type="checkbox"/> Deaf or hard of hearing	<input type="checkbox"/> Mental health difficulties
<input type="checkbox"/> Autistic Spectrum Disorder / Asperger Syndrome	<input type="checkbox"/> History of offending
<input type="checkbox"/> In or recently in care	<input type="checkbox"/> Wheelchair user or mobility difficulties

Are you eligible for free school meals? (Please tick one)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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What best describes your ethnic background? (Please tick one)

<input type="checkbox"/> White British	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Irish	<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Any other mixed background
<input type="checkbox"/> Traveller of Irish heritage	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> Gypsy / Roma	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Any other ethnic background
<input type="checkbox"/> Any other White background	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> None of these
<input type="checkbox"/> Indian	<input type="checkbox"/> Black African	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Pakistani	<input type="checkbox"/> White and Black African	

What is your religion? (Please tick one)

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim	<input type="checkbox"/> Don't know
<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Hindu	<input type="checkbox"/> Other	
<input type="checkbox"/> Jewish	<input type="checkbox"/> None	

What is your clothing size? (Please tick one)

<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M
<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL

Parent or Guardian Agreement

Whilst your child is on their programme, Element Society wants to be certain that we have all the correct and relevant information required and has the full and complete support of the participants' parents / guardian.

To do this, we require that you are mindful of the following the Code of Conduct as set out below, and ask that you accept the following statements.

YOUNG PERSON FULL NAME:

YOUNG PERSON DATE OF BIRTH:

MY RELATIONSHIP TO YOUNG PERSON:

PRIOR TO DEPARTURE I:

- Ensure I have given accurate and relevant information regarding my child's health, mental health and support needs.
- Ensure I have given accurate information for a relevant parent/guardian/emergency contact for my child.
- Ensure I have read and signed the 'sign up form' to give permission for my child to take part on the programme.
- Actively attempt to attend a parents evening to speak with programme staff.
- Have gone through the participant code of conduct with my child and ensured that they understand the expectations whilst on the programme, and understand consequences of breaking this code.
- Supported my child to pack relevant clothing and equipment so that they come prepared for their programme.

Please tick here to accept

WHILST MY CHILD IS ON PROGRAMME I:

- Will be responsible for the wellbeing of my child should they be required to leave the programme due to any reason, such as medical or behavior.
- Will take responsibility for the safety of my child once they have left programme at any point. This includes at the end of residential trips, after day sessions and in cases where a participant may have to leave the programme due to behavior.
- Agree that in circumstances that criminal damage is clearly and meaningfully caused by my child I will take responsibility for the liability/costs of that damage.

Please tick here to accept

WATER ACTIVITIES STATEMENT

During the programme the participant may get to take part in 'water related activities' which may include but are not limited to swimming, kayaking, canoeing and rafting. While this list is not exhaustive, please indicate below if you are happy for the participant to take part in such activities.

Please tick here to accept the water activities statement:

TRAVEL COLLECTION STATEMENT

- During the programme the participant will be responsible for getting to and from agreed venues, and will be allowed to leave without collection.
- For the residential venues or where transport facilities are provided as part of the project, the participant will be responsible for getting to and from the designated meeting location. Participants will not be allowed to leave other than from that location, but will be permitted to leave from that location without collection.
- During the activities, for example as part of the Social Action Project, the participant may be required to undertake travel unsupervised, either on foot or by public transport.
- You give us permission to allow the participant to leave designated locations (other than the residential or supervised trips) without collection, and to undertake some travel unsupervised.

Please tick here to accept the travel and collection statement:

DISCLAIMER AND MEDICAL STATEMENT

- Staff are not permitted to take responsibility for or to administer medicines. You are therefore responsible for ensuring any medicine is available and taken correctly.
- You understand that whilst taking part in activities, the participant will be under the care of Element Society staff and other suitably approved adults. Whilst we will take all reasonable care of participants, you acknowledge that in the absence of our negligence, participation in the programme is at your sole risk and that we shall not be liable for damage or injury arising from activities.
- In the unlikely event of an accident occurring, you provide your permission for a designated representative of the Element Society to authorise emergency medical treatment, including the use of anaesthetic if deemed necessary.

Please tick here to accept our disclaimer and medical statement:

TERMS AND CONDITIONS

- I confirm that I have read and understood the Terms and Conditions, that all relevant information about the participant is correct and that I accept on behalf of myself and the participant all conditions.
- I give consent for the participant's image to be used by The NCS Trust and Element Society for promotional and evaluation material. Please tick box if you agree.
- I acknowledge the need for acceptable responsible behaviour on the participant's part, and have received a copy of the Code of Conduct. Please tick box
- I confirm I have full authority to sign on behalf of the participant.

Please tick here to accept our terms and conditions statement:

Signature:

Print Name:

Date:

**YOU MUST RETURN THESE FORMS
TO ELEMENT SOCIETY IN ORDER TO
COMPLETE THE SIGN-UP PROCESS**