



**The Boys' Brigade
Northern Ireland Headquarters**

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

Queen's Badge Residential Courses 2016-2017

Cost	£70.00 Payment can be made by cheque or E-payment. See below for notes on payment options. (NB: card processing fee of 50p per £25 will apply)
Venue	Humphrey's at Rathmore, Larne
Dates	10–12 February 2017 24–26 February 2017 10–12 March 2017 24–26 March 2017 21–23 April 2017 23–25 June 2017 (Joint Skills/Residential)
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, form, and payment. Extra Forms may be photocopied. Please complete relevant consent form. 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: <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.
	For full Terms and Conditions see http://www.bbni.org.uk/niforms.htm
Payment Options	1. E-payment (PayPal) Choose this option if you want to pay by credit/debit card. (NB: card processing fee of 50p per £25 will apply). If a place is available on your chosen course we will email you a link to pay online via PayPal. You don't need a PayPal account to use this facility. OR 2. Cheque Please make cheque payable to 'Boys' Brigade NI District' and post with completed forms to: The Boys' Brigade NIHQ, Newport, 117 Culcavey Road, Hillsborough, Co.Down. BT26 6HH.
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 2016-2017 Registration Form

Course Applied for:	1st Choice:	2nd Choice:
Candidate Name:	For certificate:	
	Known as:	
Date of Birth (dd/mm/yyyy)		
Company		
Candidate's Address (Incl. Postcode)		
Candidate's Telephone	Landline	
	Mobile	
Candidate's Email Address		

Date of Registration for Queen's Badge (stamped in Record Book)

Date Skills for Queen's Badge course completed
(must be at least 6 months before Queen's Badge Residential)

Payment:	@ £70 per person	70.00
For PayPal payments only: add £1.50 (PayPal processing fee)		
Grand Total to be paid:		
Tick payment method selected:	PayPal* <input type="checkbox"/>	Cheque <input type="checkbox"/>
<i>*See notes on page 1. If using this payment option you may wish to sign then scan and email these forms to nihq@boys-brigade.org.uk</i>		

Signed: _____ Daytime Tel. No: _____
 Company Captain

Captain's
email:

Please send this registration form along with the following documents to
Newport, 117 Culcavey Road, Hillsborough, Co. Down, BT26 6HH

- Consent Form
- Completed QB Record Book
- Course Fee - Cheque enclosed [] OR PayPal selected []

FOR NIHQ USE:

Date received

Receipt Number



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Consent Form

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

Company/Battalion/District: Northern Ireland District
Activity or Event: Queen's Badge Residential
Venue: Humphrey's at Rathmore, Larne BT40 1DZ
Dates:
Officer in Charge: N.I.D. Training & Programme Officer **Tel No:** 07727994074
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)

Address: _____
Telephone (Home): _____ Mobile: _____
Email: _____

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 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 photograph to be taken unless otherwise informed.

Parent/ guardian Signature: _____ Date: _____