



## SKILLS for Queen's Badge



### Skills Courses 2017-2018

*This course qualifies Seniors for their skills based training*

- Cost** £77.50 Payment can be made by cheque or card.
- Dates & venues** 26-28 January 2018 - Humphrey's at Rathmore, Larne  
6-8 April 2018 - Boys' Brigade NI HQ, Newport, Hillsborough  
22 -24 June 2018 - Boys' Brigade NI HQ, Newport, Hillsborough
- Notes** Maximum of 5 candidates per Company per course
- Registrations will only be accepted by receipt of completed registration 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.
- Confirmation of places booked will be sent by email only – to the Captain if an address is supplied.
- 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** **Cheques:** payable to Boys' Brigade NI District.
- Card:** We can take card payments on the phone (028 9268 8444) or online using the link below:
- [www.paypal.com/uk/webapps/mpp/send-money-online](http://www.paypal.com/uk/webapps/mpp/send-money-online)
- ① Type in [newport@boys-brigade.org.uk](mailto:newport@boys-brigade.org.uk) as the address to send payment to. ② Enter total amount due and in the notes please type your company name and what payment for ③ Follow on screen instructions to enter your card details. Don't forget to post or scan and email your entry form to [nihq@boys-brigade.org.uk](mailto:nihq@boys-brigade.org.uk)
- 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.



**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 Registration Form

**Candidate's Details:**

Course Applied for:	1st Choice:		2nd Choice:	
Company:				
Name:			Date of birth:	
Address				
Telephone:	Landline:		Mobile:	
Candidate's Email:	(print clearly)			
Date of Registration for Queen's Badge (stamped in Record Book)				
Payment Method*:	Cheque <input type="checkbox"/> OR Card <input type="checkbox"/>		<i>*See notes on payment options on page 1.</i>	

## Queen's Badge Work Plan

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

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

**Signatures:**

QB Advisor: \_\_\_\_\_ Candidate: \_\_\_\_\_

Captain: \_\_\_\_\_ Date: \_\_\_\_\_

(Any changes should be initialled and dated by QB Advisor)

Captain's email: \_\_\_\_\_

**Please send this form, payment and a consent form to BB NIHQ, Newport, 117 Culcavey Road, Hillsborough, Co. Down, BT26 6HH**

For HQ Use: Date Received \_\_\_\_\_ Receipt No \_\_\_\_\_ Consent Form Received: Yes/No



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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: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Officer in Charge: NID Training & Programme Officer **Tel: 028 9268 8444 (Mon-Fri) 9am-5pm**  
*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 young person: \_\_\_\_\_  
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: \_\_\_\_\_