



Skills for Queen's Badge – Non-Residential Course - Code Academy

This is an opportunity for young people an opportunity to take part in BB's Code Academy which has been developed in partnership with Ulster University. It is an introduction to computer coding with the ability to design and develop a Website. It is a practical and hands-on course.

Cost	£25pp Payment can be made by cheque or card.
Venue	BB NIHQ, Newport, Hillsborough
Dates & Time	Thursday 29th March and Thursday 5th April 2018, 10am – 4pm
Notes	Lunch will be provided. Registrations will only be accepted by receipt of completed form, work plan, consent form and payment.
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	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 below or scan and email them us.
-----------------	--

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.
-----------------	---



Skills for Queen's Badge – Non-residential course - Code Academy

29th March and 5th April 2018

Candidate's Details:

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	
ONLY complete TWO activities from the following THREE sections:	
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 initialed 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



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 Code Academy Course
Venue: BB NIHQ, Newport, 117 Culcavy Road, Hillsborough BT26 6HH
Dates: 29th March and 5th April 2018
Officer in Charge: NID Training & Programme Officer **Tel No:** 028 9268 8444 (Mon-Fri)

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: _____