



# APPLICATION FORM

## ***How to fill in the form:***

- Complete the form using capital letters.
- Please ensure it is signed in the appropriate places.
- Do not use a pencil or correcting fluid; only blue or black ink.

## **Contact Details**

Surname:	Home Address:
First Name(s):	
Date of Birth:	
Male / Female:	POSTCODE:
School / College attending / Current employment:	
Mobile:	
Home Telephone:	
Email Address:	

## **PARENT/CARER DETAILS**

Last / Family Name:
First Name:
Email:

## EMERGENCY CONTACTS DETAILS

<b>Emergency Contact 1</b> Name:	<b>Emergency Contact 2</b> Name:
Mobile:	Mobile:
Work Number:	Work Number:

## ETHNICITY

How would you describe your ethnic origin (for monitoring purposes only)

Arab	Black or Black British – Other Black Background
Asian or Asian British – Bangladeshi	Chinese
Asian or Asian British – Indian	Gypsy or Traveller
Asian or Asian British – Pakistani	Mixed Race – White and Asian
Asian or Asian British – Other Asian Background	Mixed Race – White and Black African
Black or Black British – African	Mixed Race – White and Black Caribbean
Black or Black British – Caribbean	Mixed Race – Other Mixed Background
White – British	
White – Irish	
White – Polish	
White – Other Eastern European	
White – Other White Background	
Any Other:	

## Protection of Children and Vulnerable Adults

Do you have or have you ever had a criminal conviction, caution or final warning

**Yes/No** (please delete)

*If you have not been convicted of a criminal offence you must tick the 'No' box*

*If you answer YES, we will seek further information, which will be treated confidentially and dealt with by the College Safeguarding Team.*

*A motoring offence that you received a fine or three penalty points for, or a spent conviction (as defined by the Rehabilitation of Offenders Act 1974) need not be disclosed.*

*You are required to inform the Safeguarding Team if you incur any convictions (as above) whilst you are a student on the 999 Academy scheme.*

*Information requested is solely for the purpose of inclusion and support and not for excluding potential students. Our aim is to provide a safe, enjoyable learning environment for all.*



**Please tell us about any other groups or activities that you are or have been involved in.**

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**If you are studying at college, which course you enrolled upon?**

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**Which emergency service are you interested in and why?**

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**Signed .....**      **Date .....**

Thank you. We are not able to take all young people that apply however we will notify all candidates of the success of their application.

### **Health Information**

*To be completed by student, or parent or carer if student is under 18*

In caring for the best interest of you(r) son/daughter it is important that we know whether you/he/she suffers from **any** medical condition or illness, or whether you/he/she is currently receiving medical treatment of any kind.

**If you(r) son/daughter is selected to take part in the selection weekend, there may be an element of fitness testing involved, which will involve sit ups, press ups and a multi-stage fitness test (otherwise known as the bleep test). Applicants will be required to sign that they are fit to do the test, but we advise that you should consult a doctor if in doubt.**

Please be aware that a non-medical member of staff will screen this form and may need to ask further questions so that we can keep you/your son/daughter safe.

This information will only be used in the event of a medical emergency. Please specify below **any** health related matters, including injuries of any kind, that you think it is best we know about, including the details of any medicines (prescribed and 'over the counter' remedies in regular use) and any special needs.

Please note that leaders cannot and will not administer any medication including pain relief for headaches. If medication is taken by you/the young person at a meeting/event you/they must inform the leader what you/they have taken. Accidents are rare but where a student is injured or taken ill, the leader will administer first aid. If they require further treatment then you will be contacted.

- Do you/the named person suffer from asthma, wheezing, hay fever, frequent headaches, diabetes, epilepsy, migraine, faints, frequent stomach ache, bad period pains or any other illness or disability? **Yes/No** (Please delete) if yes, please give details:

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- Do you/the name person have any problems with their bones or joints (back, neck, or knees). **Yes/No** (Please deleted) If yes, please give details:

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- Are you/Is the name person allergic to **anything?** E.g. foodstuffs, antibiotics, Elastoplast, aspirin or any other medicines. **Yes/No** (Please delete) If yes, please give details or what to and what symptoms:

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- Do you/the name person have any phobias that would prevent them taking part in particular activities? **Yes/No** If yes, please give details:

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- Do you/the named person have any special needs (e.g. diet, reading/writing, and adjustments due to a physical or mental disability)? **Yes/No** If yes, please give details:

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- Are any forms of medical treatment forbidden by your religion? **Yes/No** If yes, please give details:

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- Are you/ Is the name person up to date with tetanus immunisations **Yes** (date if known) \_\_\_\_\_ / **No**

- Is there any other relevant medical or health information that has not been requested that we should be aware of?

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- Occasionally event organisers will provide refreshments. Are there any dietary requirements? **Yes / No** If yes, please give details:

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NHS Number:
Doctor:
Doctors Address:
Telephone Number:
Next of Kin:

**Please tick each statement that applies**

I confirm that the information I have given is accurate to the best of my belief and knowledge.

- I confirm that I / my son/daughter is in good health (unless specified) and is able to participate in any fitness testing during the selection weekend.
- If I cannot be contacted to give consent I hereby give consent to any necessary medical treatment and authorise the officer in charge of the event to sign on my behalf.
- The 999 Academy is keen to celebrate success so will use photographs of students in publicity material and local media. Please confirm that you give the 999 Academy permission to use photos and names.
- Students will usually meet at Petroc, Old Sticklepath Hill, Barnstaple. All activities will be assessed for risk. Some activities will involve water, heights and being transported out of Barnstaple for which I give permission.
- Students will be asked to attend events in the community. This is voluntary but is encouraged. Participation will be at the discretion of the parents and leaders.
- If you require sight of the risk assessments for event please contact your unit co-ordinator.
- I confirm I am the parent/carer of the above named applicant and I consent to their participation in the 999 Academy scheme including events and activities.

**Signature of parent/carer .....**

In the event of any of the above information changing, please update the academy co-ordinator.

**Please note if you are selected for the next stage, you will need to be available to take part in selections tasks, physical tests and interviews which will take place at Petroc (date to be confirmed).**

**Please complete the form and return it by 29/10/19 to:**

999 Academy Administrator  
Petroc  
Old Sticklepath Hill  
Barnstaple  
Devon EX31 2BQ

Tel: **01271 855025**

Email: **[Madeleine.carter@petroc.ac.uk](mailto:Madeleine.carter@petroc.ac.uk)**

**Please note:**

**The 999 Academy programme will run from January 2020 through to the end of June 2021, each Wednesday evening, in term time, from 1830 hours until 2100 hours based at the Petroc Barnstaple campus. The Academy also participates in charity events and other community activities which may take place on a weekend.**

**Please note there is a residential course which will take place during February half term, which 999 Academy students MUST attend.**

**To fully benefit from the scheme, a 90% attendance rate is required over the full year.**