**Candidate Details**

|  |  |
| --- | --- |
| **Name** | **Click or tap here to enter text.** |
| **Address** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **Medical Conditions** | Click or tap here to enter text. |

**Parent/Guardian Details**

|  |  |
| --- | --- |
| **Name** | **Click or tap here to enter text.** |
| **Address** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Emergency Alternative Contact Details**

|  |  |
| --- | --- |
| **Name** | **Click or tap here to enter text.** |
| **Phone Number** | Click or tap here to enter text. |

**Consent Form**

I have read and accept the rules and regulations of the Confirmation programme. I also understand that any breach of the rules and regulations may result in my removal from the Confirmation programme.

Members Signature: **Click or tap here to enter text.**

Date: **Click or tap here to enter text.**

**Medical Consent Form**

If, during my time in the care of the youth group, I am ever in a situation where it is understood I require first aid, I give my consent for the group leaders to provide first aid.

Members Signature: **Click or tap here to enter text.**

Date: **Click or tap here to enter text.**