**Master Guide Training**

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| **Application Form** | 25 St. Johns Road Watford, WD17 1PZ  Tel: 01923 232 728 |
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**PRE-REQUISITES**

1. Be a baptized member, in regular standing, of the Seventh-day Adventist Church
2. Have a written recommendation from your local church board
3. Be at least 16 years of age to start the Master Guide curriculum and at least 18 years of age on completion
4. Be an active staff member of an Adventurer or Pathfinder Club
5. Complete a Basic Staff Training Course within the last 3 years and be involved for a minimum of one year in either Adventurer or Pathfinder Ministries.

**2019 TRAINING DATES**

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| **Date** | **Event** |
| 10th February | Orientation Day – Advent Centre |
| 10th March | Orientation Day – Stanborough |
| 14th April | Training Day – Advent Centre |
| 3rd – 6th May | Training Weekend No.1 – Stanborough Park |
| 7th - 9th June | Training Weekend No.2 – Phasels Wood |
| 19th – 21st July | Training Weekend No.3 – Paccar |
| 6th – 8th September | Training Weekend No.4 – Willow Tree Centre |

**Please note that in order to complete the programme you are required to attend ONE Orientation day AND ALL FIVE training sessions in the year of registration.**

**On completion of the training weekends you MUST attend at least TWO support sessions (dates to be advised).**

**FEES**

Course registration fee is **£175**

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| ***Payment Terms*** | |
| £175 | Payable at the orientation day on **10th February/10th March** |
| ***OR in two instalments as follows*** | |
| £90 | Payable at the orientation day on **10th February/10th March** |
| £85 | Payable at the Training Day on **Sunday 14th April** |

Included in this payment is the cost of the training, your folder & dividers, one M.I.T   
T-shirt & one M.I.T sweatshirt.

***Please note the following:***

* All training must be completed in 2019.
* Fees are non-refundable and non-transferable.
* In exceptional and authorised circumstances where training sessions are missed, an additional payment at the rate being charged in the year of attendance, will be required.
* On completion of the programme you will be required to purchase a Master Guide scarf & woggle, the Master Guide epaulettes, the Master Guide Chords, any honours that you have completed and any other insignia that is required to complete the uniform**. Further information about these costs will be made available at the appropriate time.**

**\*\*\*\*The cost of these items is not included in the registration fee\*\*\*\***

**PERSONAL DETAILS**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_ Date of Application: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SWEATSHIRT & T-SHIRT SIZES**

Your fee includes payment for one Master Guide sweatshirt and one Master Guide polo shirt. These are available in the following sizes. Please indicate, by ticking one of the boxes, which size you would like.

Small  Medium  Large

X-Large  XX-Large  XXX-Large

**CHILD PROTECTION**

Disclosure Barring Service Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child protection training: have you done the KCFS training? YES NO

*Every person over the age of 16 years must have a DBS certificate, done through the SEC, dated within the last three years. If you do not have a current DBS certificate please contact the DBS officer at your church who will be able to assist you with your application.*

***Please note that If you are working with children and/or young people you MUST HAVE a current DBS certificate****.*

**PHOTOGRAPHY CONSENT** *(to be completed by the applicant if over 18 years of age or by a parent if applicant is under 18 years of age)*

To comply with the General Data Protection Regulations (GDPR), we need your permission before we can photograph or make any recording of your child, if your child is under 18 years old. Only first names might be used and/or the name of the club of which they are a member. For further information on our Photographic Policy please contact the SEC Office. As images will be recorded at all events you may wish to consider this in your application if consent is not given.

Name of consenting parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of consenting parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you **DO NOT** give your consent please tick this box

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| **MEDICAL DECLARATION**  **Health Information:**  Name of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GP Surgery Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| *Please tick if you have/have had any of the following:* | | | | | |
| Rheumatic Fever |  | Hay Fever |  | Travel Sickness |  |
| Asthma |  | Heart Trouble |  | Epilepsy |  |
| Fainting Spells |  | Hernias |  | Kidney Disease |  |
| Diabetes |  | Other (please provide details): | | | |
|  | | | | | |
| Date of last tetanus injection: | | | | | |
| *Please give details of any current/past illnesses or medical conditions of which we should be aware (please continue on a separate sheet of paper if necessary)*  Are you taking any kind of medication? Yes/No  If yes please give name of drug and dosage details | | | | | |
| Do you have any known allergies (e.g. foods, medicines etc.) Yes/No  If yes, please give details | | | | | |
| Are there any behavioural challenges that the organisers should be aware of? Yes/No  If yes please specify | | | | | |
| Do you have any disabilities/conditions that the organisers should be aware of and that will prevent you being able to participate in any of the activities planned for the training weekends? E.g. deaf, blind, knee pain, back pain etc. | | | | | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | |

**EMERGENCY CONTACT DETAILS**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed and signed by parent/guardian if attendee is under 18 years of age.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_\_

**PARENTAL CONSENT** *(required for all children under 18 years of age)*

I hereby give permission for my child to attend this event and to take part in all of the planned activities. I agree to notify the leaders should there be any change to the information given.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**APPLICANT CONSENT**

I confirm that the details contained on this form are accurate and I agree to notify the leaders should there be any change to the information given.

I also agree to attend **one orientation day and all 5 training events** as specified above and understand that I am required to complete all training in the year of registration.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**CHURCH BOARD RECOMMENDATION**

***This is a compulsory requirement for ALL applicants.***

*Applications will not be accepted if this section is not completed.*

After prayerful and thoughtful consideration, the board of (insert name of local church) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church would like to recommend to the South England Conference, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicants name) for training as a Master Guide.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson) Dated: \_\_/\_\_/\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Board member) Dated: \_\_/\_\_/\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Board member) Dated: \_\_/\_\_/\_\_\_\_

**Please note that only those who have registered and paid will be allowed to attend the training sessions/weekends. Children, Partners, Family Members and/or Friends will not be allowed to attend.**

**Data Protection**

At the South England Conference we work hard to ensure your data is recorded, used and stored to comply with General Data Protection Regulations (GDPR). The personal data on this form will be held securely and only used for administration purposes. For information about how we will use your data please refer to the BUC GDPR Policy and Privacy Notice.