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**SCOTTISH EPISCOPAL CHURCH**

##  **Pathfinders Brechin Event 02-03/02/2019**

**WHERE? St Mary Magdalene’s, Dundee**

**WHEN? Friday 02 February 2019 – Saturday 03 February 2019**

**Drop off on Friday from 3pm; pick up on Sunday from 1**

**CONTACT? Robson St Clair** **robsonstclair@yahoo.co.uk** **or on 07708294557**

**COST: £5 for food contribution**

**Further information overleaf**

**SCOTTISH EPISCOPAL CHURCH**

##  **Pathfinders Brechin Event 02-03/02/2019**

This event has been organised by the Youth Officer for Brechin Diocese with youth leaders from all other diocese, on behalf of the Provincial Youth Committee. It will be led by a team of Provincial Youth leaders, all of whom are PVG checked. This sleepover event is a social get-together for Glenalmond delegates and an opportunity to invite friends and would-be delegates (S1-S6) to join in the fun.

St Mary Magdalene’s facilities include a large hall, a modern kitchen plus three toilets. The young people will sleep ‘dormitory style’ in the hall with girls on one side, boys on the other and leaders in the middle. We will be having several mini workshops and activities on the Friday evening with a film night (Hot chocolate on tap!) This event includes a Saturday evening meal and Sunday breakfast.

**Address:** St Mary Magdalene's Episcopal Church, Dudhope Crescent Road, Dundee DD1 5RR

**How to get there by car:** The Church is directly accessible from the Inner-City Ring Road (Marketgait). It can be approached on foot via a tunnel underneath the Inner-City Ring Road (the A991 on the Google map below)

**Train/Bus:** Please contact Robson St Clair if a lift is required from either the bus or train station



**Please bring:** sleeping bag, airbed/mat, pillow, towel, toiletries, any necessary medication, pyjamas, change of clothes, a torch, mug for hot chocolate. A tin of home baking if possible!

**Parental permission by: Monday 28th January 2019**

To book a place return your signed consent form to: Robson St Clair, 18B Fleuchar Street, Dundee, DD2 2LQ

**Payment can be arranged in advance to Robson St Clair, or in cash on arrival.**

Or contact me via email for an electronic version of the form: robsonstclair@yahoo.co.uk

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##  **Pathfinders Brechin Event 02-03/02/2019**

## **CONSENT FORM**

In order to ensure your child’s safety, we would be grateful if you could complete and return this form.

Please let us know if there are any significant changes. A copy will be retained confidentially by the group leader, Robson St Clair: robsonstclair@yahoo.co.uk

**Name of child or young person Church**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Diocese Date of Birth**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Address of child or young person**

|  |
| --- |
|  |

**Has this young person taken part in a Glenalmond Youth Week? YES** 🞏 **NO** 🞏

**Name of person with parental responsibility**

|  |
| --- |
|  |

**Contact email address**

|  |
| --- |
|  |

**Telephone No.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** |  | **Evening**  |  |

**Name of additional contact with parental responsibility** *(in case of emergency):*

|  |
| --- |
|  |

**Telephone No.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** |  | **Evening**  |  |

**Details of any regular medication, medical condition (eg asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:**

|  |
| --- |
|  |

**PARENTAL CONSENT**

* I give permission for my child, as named above, to take part in this activity
* I understand that while involved in the activities of this group, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including an anaesthetic. **YES** 🞏 **NO** 🞏

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**USE OF PHOTOGRAPHIC IMAGES CONSENT FORM**

**FOR CHILDREN AND YOUNG PEOPLE (UNDER 18)**

To comply with the Data Protection Act 1998 we need your permission before we use any images of your child/children. Please answer the questions below and then sign and date the form.

|  |  |
| --- | --- |
| Name of child |  |

**TO BE COMPLETED BY PERSON/ORGANISATION REQUESTING PERMISSION**

|  |  |
| --- | --- |
| Location of photograph | Pathfinders Event held within St Mary Magdalene’s  |
| Purpose for taking photograph | Promoting Glenalmond Youth Weeks and youth activities in the Scottish Episcopal Church |
| Media to be used | Photographs |

**TO BE COMPLETED BY PARENT/GUARDIAN OR CARER:**

|  |  |  |
| --- | --- | --- |
| May we use your child’s image in our promotional publications? | **Yes** | **No** |
| May we use your child’s image on the Scottish Episcopal Church website and its diocesan websites? | **Yes** | **No** |

Please note that websites can be viewed throughout the world in countries that do not have strict laws relating to the use of personal data or images.

I have read and understand the conditions of use\* printed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **Print Name (in block capitals)** |  |

**Relationship to the child**: Parent/Guardian/Carer (delete as appropriate)