



Studio 119
Sunbeam Studios
Sunbeam Street
Wolverhampton
WV2 4PF
Registered Charity No: 1155748
01902 238938

APPLICATION FORM - SUMMER OF SERVICE 2018

Please complete and return to Pulse Ministries.
If you have any questions feel free to contact: rebeccacrocker@pulseministries.org.uk
If you are under 18, please ask a parent/guardian to fill out this form with you and sign the relevant sections.

Personal Details

Full Name:

Date of Birth:

Phone Number:

Email Address:

Please add my email address to the Pulse Ministries database. YES/NO

In case of emergencies, please provide next of kin details:

Name:

Relationship to you:

Date of birth:

Postal address:

Postcode:

Phone number:

Email address:

Please add this email address to the Pulse Ministries database. YES/NO

Medical Details

Do you have any medical condition/allergies that we need to be made aware of?
YES/NO

Do you require any treatment and/or medication in connection with the above?
YES/NO

Do you have any physical disabilities that we need to support you with during this internship? **YES/NO**

If **YES**, to any of the above questions, please give details below:

At least one member of Team Pulse will be a qualified first aider; in the event of illness, do you give consent for the following medication to be given if/as necessary?

Paracetamol **YES/NO**

Anti-histamines **YES/NO**

Ibuprofen **YES/NO**

If under 18, please ask your parent/guardian to sign for the above section:

Name:

Signed:

Are there any other issues which you would like to draw to the Pulse's attention? (e.g. phobias, travel sickness, toilet difficulties, sleep walking, recent operations/treatments, other conditions which might affect activities planned) **YES/NO**

If **YES**, please give details below:

Summer of Service

Why do you want to take part in the Summer of Service with Pulse Ministries?

Tell us about your giftings/strengths/talents...

Tell us what you're not so good at...

Tell us some of the areas you would like to be challenged/stretched in...

Please list any previous experience you have working with children/young people:

First Aid

If you are trained and have an up-to-date First Aid Certificate and are prepared to help if an incident occurs, please indicate here: **YES/NO**

Are you Epi-pen trained? **YES/NO**

Please give details of who your First Aid certificate/s are validated by and the date issued:

Dates & Cost

Please circle how many weeks would you like to take part in the Summer of Service:

2 weeks 3 weeks 4 weeks 5 weeks

Please circle the dates you would be available to complete the Summer of Service:

22nd - 27th July 29th July - 3rd August 5th August - 10th August
12th - 17th August 19th August - 24th August 26th August - 31st August

If you're application is successful then you **must** attend the training days in Wolverhampton on **15th/16th June 2018**.

Cost for the Summer of Service is: £200 for 2 weeks, £30 per week after that - includes all accommodation, travel, food, t-shirts & resources.

(£230 - 3 weeks, £260 - 4 weeks, £290 - 5 weeks).

We do not want money to stop anyone taking part in the Summer of Service, so if cost is an issue, please get in touch.

How do you intend on funding your Summer of Service? *Please circle the relevant answers.*

Personal finances Fundraising With the help of my church Other help

Do you have a young persons railcard? **YES/NO**

Do you have access to a car? **YES/NO**

Policies and Procedures

Pulse Ministries has several policies and procedures that we need you to be familiar with as well as agree with. Please circle below to say that you have read and agree with the following:

Pulse Ministries Vision Pack: **YES/NO**

Pulse Ministries Safeguarding Policy: **YES/NO**

Do you have a DBS disclosure? **YES/NO**

If **YES**, please give the name of church/organisation this was done through, along with the date it was issued:

Safeguarding

You should understand the great responsibility in working with children/young people, and the need to ensure their safety. We therefore ask you to sign the following declaration in accordance with the Children's Act 1989. These details are strictly confidential so will only be seen by your church/ministry leaders and the Pulse Ministries team, except under the expulsion of law. These and all other relevant safeguarding documents will be kept in a secure and safe place, they will then be disposed of securely in accordance with the code of practice guidelines and Data Protection Act 1998.

Have you ever been convicted of a sexual offence against a child or young person, or have you ever received a police caution concerning such offence? **YES/NO**

Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges? **YES/NO**

If **YES**, please give details of the charges below:

I have understood the nature of the work I am going to do with children/young people. I have read the Pulse Ministries guidelines on safeguarding, and I understand that it is my duty to protect the young people whom I come into contact with. I understand that Pulse Ministries will give me sufficient training on this during the Training Days so that I will be equipped fully for the Summer of Service and I will know what action to take if abuse is discovered or disclosed. **YES/NO**

Declaration

Please read carefully before signing, if under 18, your parent/guardian needs to sign this.

I confirm that I/my child has permission to:

- participate in the visit and activities as described.
- travel in a leader's vehicle during the Summer of Service, if necessary.
- be under the supervision and leadership of a member of Team Pulse.
- receive first aid by a qualified leader, and medical treatment as necessary including blood transfusions and the use of anaesthetics.

I have ensured that:

- medical details have been correctly filled in above and all information has been passed on to Team Pulse.
- medicine will be provided of sufficient quantity for the mission, clearly labelled and given to the appropriate Team Pulse member on arrival.
- contact details for the time away have been correctly filled in above.
- a leader's reference of approval has been given.

I understand that I/my alternative contact will be informed in the event of:

- an accident.
- bad behaviour - *when I will be asked to collect my child from the venue itself.*

Signed:

Name (CAPITALS):

Date:

I declare that to the best of my knowledge that the details on this form about me are correct.

Signed:

Date:

Thank you for taking the time to fill out this form, please return it to Pulse Ministries by **Friday 1st June 2018.**

We will prayerfully consider all the applications that we receive - a member of Team Pulse will be in touch by **Wednesday 6th June 2018** to let you know if your application has been successful.

Team Pulse

Enlarging and Equipping God's Kingdom!