

# Diocese of Portsmouth

Registered Charity No. 246871

## World Youth Day 2013

### Application Form

Please read the accompanying notes and complete this form, making sure you sign the declaration of consent.

#### Personal Information

<b>Name on Passport</b>			
<b>Name – known as</b>			
<b>Date of Birth</b>		<b>Age</b>	
<b>Permanent Address</b>			
<b>Contact Address (if different eg University)</b>			
<b>Home telephone number</b>			
<b>Mobile Telephone Number</b>			
<b>Email address</b>			
<b>Parish/Pastoral Area</b>			
<b>Nationality</b>			
<b>Passport Number</b>			
<b>Passport Expiry Date</b>			

## Contact Details of Next of Kin

Please provide contact details of someone whom we would need to contact in the event of emergency.

<b>Name of Contact</b>	
<b>Relationship to you</b>	
<b>Home telephone</b>	
<b>Mobile telephone</b>	
<b>Email</b>	

## Medical Information

<b>Do you have a disability or special needs that would prevent you from being able to participate fully?</b>	<b>YES / NO</b>
If YES, please give details:	
<b>Do you have any allergies? (e.g. Penicillin, Gluten, Dairy, Wheat, Nut etc)</b>	<b>YES / NO</b>
If YES, please give relevant details:	
<b>Do you have any special dietary requirements?</b>	<b>YES / NO</b>
If YES please give details:	

<b>Do you have any gifts and talents that may enhance the pilgrimage?</b> (eg Speak foreign languages, first aid training, play musical instruments, lead liturgy, read at Mass etc)

### Consent and Declaration

I agree to taking part in the preparations for the Portsmouth Diocesan World Youth Day Pilgrimage to Rio de Janeiro, Brazil from 20<sup>th</sup> July 2013 and to taking part in the activities described.

I acknowledge the need for me to attend the preparatory meetings

I agree to the payment schedule and agree to being prompt with payments as well as responding to requests for information promptly.

I confirm that I am in good health and fit to participate. This involves being able to cope with high temperatures (30°C+) and being able to walk distances of at least 5 miles.

I understand that group/activity photographs may be taken before and during the event in line with the Church's policy. I give my consent to this.

I am happy for this information to be shared amongst those who will be responsible for me during the time at the World Youth Day visit.

In case of accident or emergency, I agree to my receiving medication as instructed and emergency medical, dental or surgical treatment, including anaesthetics or blood transfusion, if considered necessary by the medical authorities present.

I agree that it is my responsibility to inform the Coordinator of any changes in my circumstances between now and the commencement of the pilgrimage.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with a payment of £250 by 1<sup>st</sup> March 2012 to:** David Hill, Advisor for Youth Ministry, Park Place Pastoral Centre, Winchester Road, Wickham, Hampshire, PO17 5HA.

Please make cheques payable to ***PRCDTR Youth Commission Summer School.***

#### **Parish Priest**

Please give the name of your Parish Priest who will be contacted to confirm his support of your application.