



GANAWAY TRAINING AND ACTIVITY CENTRE

268-270 Ballywalter Road, Millisle, Co. Down, BT22 2LZ

Ganaway Telephone: 028 9186 1297 **BB House:** 028 9032 4853 **Email:** info@ganaway.co.uk

Web Site: www.ganaway.co.uk

D of E RESIDENTIAL BOOKING FORM – April 2020

D of E - GROUP/SCHOOL:		INVOICE NO.
Name:	_____	
Date Of Birth*:	_____	
Address:	_____ _____	
Telephone Number:	Home: _____ Mobile: _____	
E-mail:	_____	
Emergency Contact Name:	_____	
Emergency Contact Phone:	Home: _____ Mobile: _____	

** If under 18 years of age at date of course please complete Parental Consent Form (see next page)*

Arrival/Departure Details

	Dates		Time
Arrival Date:	14 th April	Arrival Time:	9.00 am
Departure Date:	18 th April	Departure Time:	5.00 pm

Accommodation/Catering

Accommodation	Catering	No. Of Nights	Cost
Ash Cottage	Full Board	4	£140.00pp

Special Dietary Needs

Please give details (e.g. vegetarian, vegan, allergies, etc)

Booking Conditions

I have read and agree to abide by the conditions set out under 'Indemnity and Insurance'. A deposit of £50.00 is required for the DofE residential. Cheques made payable to Boys Brigade Belfast. Deposits are Non-returnable for cancellations made less than 4 weeks before a booking. Balance to be paid on arrival, cash or cheques accepted.

Signed: _____ **Date:** _____

Applicant / Parent of Guardian (if applicant under 18)

Please return to: BB House, 14 May Street, Belfast, BT1 4NR

For Official Use: BB House Staff.

Date Received	Details Issued	Date Confirmed	Deposit Received	Balance Due	Receipt No.



**PARENTS CONSENT FORM
SPECIAL EVENT / ACTIVITY
OVERNIGHT STAY OR HAZARDOUS ACTIVITY**

This completed form must be brought to Ganaway to enable the person concerned to take part in activities and Ganaway residential organised by Centre Staff.

PART "A"

Name of Organisation/Parent/Guardian: _____

Activity or Event: _____

Dates: ____/____/____ to ____/____/____

PART "B" (to be filled in by the parent or guardian)

Name of Young Person (IN CAPITALS): _____

Date of Birth: ____/____/____

PERMISSION - I _____ (parent/guardian) give permission for the above to attend and take part in the activities or events named in Part "A". I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorise any Officer/Staff member to sign on my behalf, any written form of consent required by medical authorities.

MEDICAL DETAILS

Name of young person's doctor: _____

Address of young person's doctor: _____

Doctor Phone Number: _____

National Health Service Number: _____

Details of medicine / diet / treatment which is being taken / followed*: _____

**Please ensure the young person has sufficient medication for duration of day trip or residential*

Please indicate if the young person has any of the following conditions:

- | | | | | | |
|-----------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|
| Migraine/Headaches | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Fainting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hay Fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Allergy to penicillin | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Impaired Vision | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Impaired Hearing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Food allergy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any Other Disability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please specify any Food Allergies: _____ Please specify any other disability: _____

Additional Medical Information:

Has the young person been immunised against tetanus within the last 5 years? Yes No

Has the young person had any adverse reaction to anaesthetic? Yes No

If Yes please specify: _____

In the event of an emergency it is important to know if the young person can take the following
Paracetamol Yes No Panadol Yes No Aspirin Yes No

Parent/Guardian Contact Details:

Name: _____

Address: _____

Phone Number: Day: _____ Evening: _____

Relationship to Young Person: _____

Signed: _____ **Date:** _____



Use by Non B.B. personnel of Ganaway Activity Centre and Shepherd Lodge Mountain Centre

INDEMNITY AND INSURANCE

1. Non-Boys' Brigade users of any of the above-named Centres shall be liable for, and shall indemnify The Boys' Brigade against any liability, loss, claim or proceedings whatsoever arising under any statute or at common law in respect to personal injury to or death of any person whomsoever and in respect of any injury or damage whatsoever of their use of the Centre(s) unless due to any act or neglect of The Boys' Brigade.
2. Without prejudice to its liability to indemnify The Boys' Brigade under '1' above the non-Boys' Brigade user shall hold such public and employer's liability insurance as are necessary to cover the liability of the user in respect of :-
 - (i) personal injury or death arising out of or in the course of or caused by the use of the Centre(s) not due to any act or neglect of The Boys' Brigade or any person for whom The Boys' Brigade is responsible, and;
 - (ii) injury or damage to property, real or personal, arising out of or in the course of or caused by use of the Centre(s) and caused by any negligence, omission or default of the user, their servants or agents.
3. Subject to '5' below, the insurance in respect of claims for personal injury to, or the death of, any person using the Centre(s) shall be such as shall comply with the users' obligations to its members under the Employers Liability (Defective Equipment and Compulsory Insurance) Northern Ireland Order 1972 and any orders made thereunder or any amendments or re-enactment thereof.
4. Subject also to '5' below, for all claims under this paragraph other than those to which clause '3' above applies the insurance cover shall be for such amount as may be specified by The Boys' Brigade (or such greater amount as the user may choose) for any one occurrence or series of occurrences arising out of one event.
5. If the user is a public authority or other person exempt from the operation of the Employers Liability (Defective Equipment and Compulsory Insurance) Northern Ireland Order 1972 such insurance as is referred to in '2' above shall not be required. The user shall however if so required by The Boys' Brigade ensure that the same financial cover is available in respect of liability for death, personal injury or damage to property, real or personal, arising out of or in the course of or caused by the use of the Centre(s) as that cover which the non-exempt person may be required to effect by insurance in respect of such liability.
6. If required by the Boys' Brigade for inspection non-Boys' Brigade users shall furnish copies of their insurance procured in compliance with these provisions and shall, if required, provide letters of confirmation from the user's insurers, or reputable brokers acting on their behalf, that the user is insured to the extent so required.

For B.B. Personnel

Brigade Regulations require that for each Company Camp or Holiday there should be at least one Registered B.B. Officer holding a valid Holiday Leadership Qualification and a Camp Craft Qualification, if the Camp is under canvas. A Camp or Holiday is defined as any activity involving at least one overnight stay and applies for any age group.

Camp Craft and Holiday Leadership Courses are normally held by Battalions in the Spring each year and the qualifications gained are valid for 5 years. They may be renewed by completing appropriate log sheets duly signed and forwarded to The Boys' Brigade UK & ROI Headquarters, Felden Lodge, Hemel Hempstead, Herts, HP3 OBL.

Companies planning a Camp or Holiday must notify The B.B. UK & ROI Headquarters not less than two weeks before the proposed Camp or Holiday. Where applicable, ALL overseas visits MUST be notified to The B.B. UK & ROI Headquarters at least three months before the date of visit.

This can be done by completing and submitting on-line the appropriate form which can be obtained from the following web address: www.boys-brigade.org.uk and click on Leaders, Resources and Support, Downloads Area, Forms, Holiday Notification.

The Belfast Battalion will not accept responsibility for B.B. Companies/Groups which do not comply with the above procedures.