



RESIDENTIAL APPLICATION FORM

PILGRIMAGE/RESIDENTIAL PROGRAMME

PROJECT NAME: _____

DESTINATION: _____

DATE: _____

PERSONAL DETAILS

TITLE: _____

NAME :(as it appears on your passport) _____

PREFERRED FIRST NAME: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

PASSPORT NUMBER: _____ PASSPORT EXPIRY DATE: _____

(NB: Passport must be valid for 6 months beyond departure date. Please attach copy of photo ID page with application.)

CONTACT DETAILS

HOME ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____

TEL HOME: _____ TEL WORK: _____

MOBILE NUMBER: _____

OCCUPATION/COURSE OF STUDY: _____

PLACE OF WORK/STUDY: _____

CURRENT INVOLVEMENT

PARISH NAME: _____

PARISH PRIEST: _____

YOUTH/YOUNG ADULT GROUP NAME: _____

How did you first hear about Living Youth (please circle)?

Website Facebook Twitter Bulletin Family/Friend Other (please state):

If you have been involved with Living Youth before, please tell us where & when.

If you have been on residential with a youth group before, please tell us where & when.

What are your hobbies & interests?

Photographs

I give consent that photographs which include my image be used for publicity.

YES NO |

T-Shirt Size (please circle):

Small

Medium

Large

Extra Large

MEDICAL DETAILS

The following information is confidential and will be shared only with the leadership team and medical staff as necessary.

Please list and provide appropriate information or state NONE.

1. Any allergies to medicine/food.

2. Any dietary restrictions/special requirements.

3. Current medication being taken and for what condition.

Please indicate if you suffer from any of the following & provide relevant information.

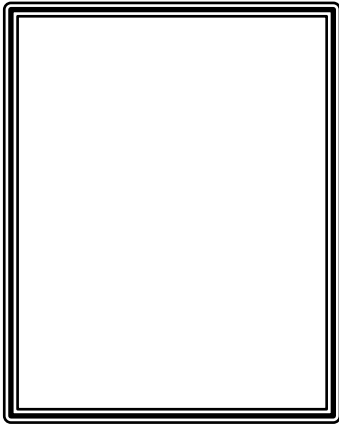
- | | | |
|--------------------------|-----|----|
| 1. Epilepsy | YES | NO |
| 2. Asthma | YES | NO |
| 3. Other chronic illness | YES | NO |

Please indicate if you have any serious heart, lung or kidney problems or any other major illness or surgery in the past 3 years, or state NONE.

Please include any other pertinent medical information.

EMERGENCY

Photo:



In the event of an emergency, whom should we contact?

YOUR NEXT OF KIN 1

Name: _____

Address: _____

Postcode: _____

Tel (Day): _____ Mobile: _____

Email: _____ Relationship to you: _____

YOUR NEXT OF KIN 2

Name: _____

Address: _____

Postcode: _____

Tel (Day): _____ Mobile: _____

Email: _____ Relationship to you: _____

YOUR DOCTOR

Name: _____

Address: _____

Postcode: _____

Tel (Day): _____ Tel:(Evening) _____

DECLARATION

Do you have any prosecutions pending or have you ever been convicted at a court or cautioned by the police for an offence? (please circle)

YES

NO

If 'YES' please give details of all prosecutions pending, convictions, cautions or bind over orders, including dates.

I declare that to the best of my knowledge that there is no reason why I should be considered unsuitable to take part in this residential/pilgrimage.

I declare that the information provided on this form is to the best of my knowledge and belief, full, true and correct.

Signed participant: _____ **Date:** _____

Signed parent/guardian: _____ **Date:** _____
(if under 18 yrs):

Along with this application you should also provide a non-refundable £100 deposit a photocopy of the photo page of your passport and a recent photograph of you.

| | Date Received | Initials |
|--|---------------|----------|
|--|---------------|----------|

£100 deposit paid:

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Photos received:

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|