



Welcome to The Gap!

Dear Parent/Guardian

We hope your young person has had a great time at The Gap and they'd like to come again next week. We meet every Tuesday during term time from 3:30pm – 5pm.

We have attached our guidelines, emergency information and parental consent form to this letter. Please can you read it, fill it out and either drop it through the letter box in an envelope marked with 'The Gap' or bring along next time. It's important that we have this information to keep your young person safe.

Every adult volunteering at The Gap have been DBS checked and have experience and training to work with young people.

If you'd like to ask anything or you'd just like to touch base, you can call Jules on 07789 888891 or email jules@gillinghamcommunitychurch.co.uk

Kind regards,

The Youth Team



REGISTRATION FORM

YOUNG PERSONS DETAILS

Full Name	Male or Female (Please circle)
Date of Birth:	Age at joining
Address:	
Post Code:	
Emergency contact Name	
Emergency contact telephone number	
School /College (if applicable)	Email address <small>(This will only be used to share news and events)</small>
What are your Interests and hidden talents.	

I _____ (Print Name) understand that I can only come to The Gap if I promise to obey the rules, (see below). I understand that if I repeatedly break the rules I may be asked to leave. In these circumstances, I understand that my parent/guardian will be called and informed. I also understand I can only return to The Gap with parental consent. See consent form.

Signature of young person _____ Date: _____

Club Rules

- You must sign in and out every time you arrive and leave even if you just leaving for a short time.
- Respect each other, volunteers and staff
- Respect the equipment and the building
- Be polite ('Please' and 'Thank you' cost nothing but mean a lot)
- No illegal substances, tobacco, e-cigarettes or alcohol on the premises (including the car park) Parents will be informed!
- Listen to each other
- Offer help to people who need it
- Do not bring in an item that can be deemed as an offensive weapon i.e. Baseball bat, knives etc. These items will be confiscated and parents and maybe the police will be called.
- Be honest
- Stay safe, please arrange to be collected by a parent or walk with other friends.
- No canoodling in the club
- Scooters or skateboards to be left outside, not in the building
- Don't go against your parent's consent. (if your parent hasn't given permission to leave The Gap during a session you must stay or your parent will be contacted)

Some behaviour will instantly not be tolerated

Fighting - In Possession of an offensive weapon - Damage to Property - Abusive Language/Behaviour - Stealing

To be completed by parent/guardian and returned at your next session.

EMERGENCY CONTACT DETAILS

Full name of young person:

Name of Parent/Guardian:

Relationship young person

Parental contact - e-mail address:

Home Tel:

Work Tel:

Mobile:

Address if different from member

2nd Contact Name of Parent/Guardian:

Relationship to young person:

Parental contact - e-mail address:

Home Tel:

Work Tel:

Mobile:

Address if different from young person:

MEDICAL, SPECIAL NEEDS AND SUPPORT INFORMATION

Medical Information/Dietary Requirements/Allergies

Please put down any medical information, including any dietary restrictions or allergies that you think may be important for us to know.

Any other important information you think we should know about:

I understand that The Gap leader and/or other adults approved by Gillingham Community Church will take reasonable care of my daughter/son. In the very unlikely event of an injury and I am uncontactable, I am willing for my young person to receive emergency care from a medical professional i.e. doctor or paramedic **Yes/No** including an anaesthetic. **Yes/No**

Print Name _____

Signed (parent/or adult with parental responsibility) _____

ADDITIONAL INFORMATION

Please add any other information that you feel the youth team should be aware of to ensure the young person settles quickly and happily into The Gap

PARENTAL/GUARDIAN CONSENT FORM

Please tick as appropriate



I have read and understood The Gap rules. I understand that my young person may be asked to leave the club if rules are broken. (in these circumstances the lead worker in charge will contact you)

I give consent for my son/daughter to take part in normal activities of The Gap on a Tuesday. i.e. Table football, board games, craft activities, group games. On occasion activities where my child may go outside may be run by The Gap. I understand that my Son or Daughter will be fully supervised by the club leader and helper during such activities. E.g. Scavenger Hunt and such like.

I give consent for my son/ daughter to take part in informative youth development activities. These activities will be weaved into the usual programme of activities and will always be fun and engaging
Example of topics covered
Relationships - Friendships, Confidence Building and Self-esteem.
Health and Wellbeing - Healthy Eating, Fitness, Mental Health awareness, Drugs Awareness, Alcohol, Smoking, Gambling and Sexual Health.
Personal Safety Internet, Bullying, Child protection.
Understanding yourself Communication, Team work, Cognitive development, Emotional intelligence, Creativity
Participation – Understanding our community, Volunteering, Equality and Diversity, Environment, Global education.
Independence – Skills for independent living, money management, employment ready, cooking.

I am happy for my young person to **leave** The Gap as and when they please. I understand that once my young person leaves The Gap they are no longer the responsibility of The Gap.

I am happy for Gillingham Community Church to use photos and videos of my child in promotional materials, funders' reports and on their website/social media. A young person's name will never be included with a photo or video.
NB Many young people own and use a personal smart device. Gillingham Community Church cannot be held responsible for any images taken and uploaded to social media by their friends and peers.

Young person's Name _____

Signature of Parent/Guardian: _____

Parent/Guardian name in block capitals: _____ Date: _____

Please be aware that this information will be stored securely in accordance with the Data Protection Act 1988, Gillingham Community Church will only use personal data for youth work purposes. We do not make personal data available to other organisations unless a specific safeguarding issue has been identified and it is in line with Child Protection protocols.