



Mission Explore Weekends Registration Checklist

Information to Return:

- Registration Form
- Self-declaration Form (if 18 or Older)
- Copy of your passport photo page
- Copy of your travel insurance cover certificate

Make sure you:

- Fully complete the forms
- Sign or get your parent or carer to sign the form
- After confirmation, arrange your return travel to the ME weekend location (see the info letter for details)

Return forms:

- By email, as an attachment. Be sure to download the form & save it. Fill it in and return to missionexplore@ywamscotland.org
- In person to a Mission Explore rep.
- By post, to the attention of Mission Explore, to the address below.





Mission Explore Weekends Registration Form

Confidential

	1. Weekend Information:				
Month/Year: of outreach weekend:		Location:			
	If we are unable to accept your application for this date, would you want us to: hold your application until we have space?				
	recommend another weekend location?	?			
	2. Personal Information				
Name: of participant					
	Title First Name	Surname			
Preferred Name:		Gender:	Male Female		
Mobile:		Birthdate:			
E-mail:			Date (DD/MM/YYYY)		
	Address: (for you or parent/carer if under 18)	Special Requi	rements:		
Name: of parent/carer		Diet H	lealth Allergies		
Address:			out it and we may be in etails are needed.		
Address 2:					
City/Town:					
Postal code: and country if not UK					
Preferred Phone: with country/STD code					
E-mail: f different from above					

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Mission Explore Registration

Name: Date:

page 3 of 5 Location:



	Emergency Contact: (Who would you like us to contact)	act in case of an emergency?)			
Name(s):	Do	they speak English? Yes No			
Relationship:					
Country:		o", what language?			
Daytime Phone:					
ith country/STD code					
Evening Phone: ith country/STD code					
	Accommodation Request: (Who would you like to	share with if nossible?)			
	(who would you mike to	share warm possible.)			
Name (1):					
Name (2):					
Name (3):					
riame (2):					
	3. Agreement & Consent				
	I have read and understood the attached information activities, I/my child (delete as appropriate) will be useders and that whilst they will take all reasonable risks, I/my child undertakes the activities at my/their participate in the outreach willingly and in service of team's unity and safety.	nder the care of the Mission Explore care to reduce and advise of known own risks. I confirm my commitment to			
	In an emergency, I agree for me/my child to receive necessary medical or dental treatment, anaesthetics and procedures. I agree that the team leaders may share relevant medical information with medical professionals should I/my child lack capacity in an emergency.				
	Photos of me/my child may be used for publicity pur	rposes: Yes No			
	I would like to receive YWAM Scotland email update	es: Yes No			
Signature:		Date:			
	(applicant, parent or guardian)	dd/mm/yyyy			

If the applicant is under 18, this page has to be printed, signed by the parent or legal guardian and sent by regular mail. Otherwise use a digital signature, if able, or re-type your complete name. You will have to counter-sign when you arrive.

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Self-Declaration Form

Name:

Date:

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4. Disclosure Information for 18s and over

participants in Mission Explore who are 18 years old and over must reform. This form is to tell us about any convictions, cautions and charge will answer the following honestly and fully.		
Have you ever been charged with, cautioned or convicted of any criminal offence?	Yes	No
Are you at present the subject of a criminal investigation or do you have a prosecution pending?	Yes	No
Have you ever been the subject of disciplinary action by your employer because of alleged harmful conduct towards children or 'vulnerable' adults?	Yes	No
Have you been disqualified from, or refused, any post involving the care of children or vulnerable adults? In Scotland, this includes being on, or considered for, the PVG Children's List or PVG Adult's List.	Yes	No
Details about convictions, charges or actions: (If you answere above, please provide detailed information about the circumstances below. This inclusof convictions, cautions or charges; the circumstances that led to the offence - the way convictions or actions; or if applicable, the reasons the Procurator Fiscal took no furtor why you were given a police caution.) The form will expand as you type or use a second convictions.	udes the nam ho, when & her action or	where of any offences
Other things you'd like us to know: (Please use this space to provide	e more detai	ils if you like.)

In line with our policy to protect vulnerable groups in residential and outreach situations, all

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Self-Declaration, continued

Name:

Date:

page 5 of 5 Location:



1	5. Declaration for 18s and over		
	o help us ensure that we are complying with all legularished all legularished on the following de		
	I confirm the information contained on this form is true and accurate.		
	I confirm that I am an EU citizen		
	I confirm that I have been granted leave to rema work I have agreed to undertake is unpaid and		
	I confirm that I am not barred from working wit consideration for Listing, as in the The Protectio or under the Protection of Freedoms Act 2012 in	n of Vulner	rable Groups (Scot) A
		J	
: [Date:	