

**CATHOLIC ASSOCIATION YOUNG HELPERS APPLICATION FORM**

**17<sup>th</sup> TO 26<sup>th</sup> AUGUST 2017**

PLEASE USE BLOCK CAPITALS

AS SHOWN ON PASSPORT:

FIRST NAMES		SURNAME	
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ADDRESS THAT TICKETS SHOULD BE SENT TO AT THE BEGINNING OF AUGUST:

	POST CODE

HOME TELEPHONE NUMBER

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MOBILE NUMBER

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EMAIL

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DATE OF BIRTH

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PASSPORT NUMBER

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PASSPORT COUNTRY OF ISSUE

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PASSPORT EXPIRY DATE

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EMERGENCY CONTACT NAME

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RELATIONSHIP

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EMERGENCY CONTACT NUMBER 1

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EMERGENCY CONTACT NUMBER 2

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RELIGION

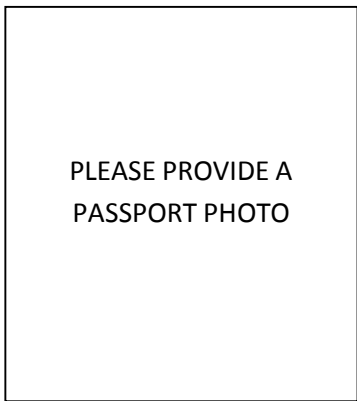
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DIOCESE

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PRIEST AND PARISH

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SO THAT WE CAN ALLOCATE A UNIFORM PLEASE CONFIRM

POLO SHIRT SIZE (S/M/L/XL etc)		FEMALE DRESS SIZE (8/10/12 etc)		I HAVE MY OWN CA UNIFORM	
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FEMALES PLEASE GIVE HEIGHT IF SHORTER THAN 1.57M OR TALLER THAN 1.68M	
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CURRENT EDUCATION/OCCUPATION	

EXPERIENCE OF WORKING WITH SICK OR DISABLED PEOPLE	

IF YOU HAVE BEEN TO LOURDES WITH THE CATHOLIC ASSOCIATION BEFORE, PLEASE CONFIRM WHETHER YOU ARE HAPPY TO

WORK A NIGHT DUTY		BE A TEAM LEADER/DEPUTY		WORK IN THE PISCINES		WORK IN THE HCP GROUP	
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IF THIS IS YOUR FIRST PILGRIMAGE WITH THE CATHOLIC ASSOCIATION

WOULD YOU PREFER TO HAVE LIMITED DUTIES WITH PLANNED EXCURSIONS EXPLORING THE STORY BEHIND LOURDES? (limited places for over 16s for this option)	YES	NO
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WHAT ARE YOUR EXPECTATIONS OF THE PILGRIMAGE? WHAT PERSONAL STRENGTHS DO YOU HAVE TO OFFER?	

MUSIC: The music group play at all Catholic Association Services during the week.

IF YOU WOULD LIKE TO BE INVOLVED WITH THE MUSIC GROUP PLEASE STATE

INSTRUMENT		STANDARD	
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**IF THIS IS YOUR FIRST PILGRIMAGE WITH THE CATHOLIC ASSOCIATION**

PLEASE PROVIDE DETAILS OF A REFEREE. THIS SHOULD IDEALLY BE YOUR PARISH PRIEST/CHAPLIAN, YOUR DIOCESAN YOUTH WORKER OR AN ESTABLISHED CATHOLIC ASSOCIATION VOLUNTEER

NAME			
ADDRESS			
EMAIL			
PHONE NUMBER			
HOW LONG HAVE YOU KNOWN THE REFEREE?			
IN WHAT CONTEXT?			

**ALL YOUNG HELPERS**

PLEASE GIVE NAMES OF THOSE THAT YOU WOULD LIKE TO SHARE A ROOM WITH. WE WILL TRY OUR BEST TO PUT YOU WITH SOME OF THESE BUT CAN NOT GUARANTEE. Note: If under 18 you can only share with someone of the same age


Please note that this booking will be managed by Tangney Tours and operated under their standard conditions which can be found at <http://tinyurl.com/aulu7tc>. Details of included travel insurance can also be found at <http://tinyurl.com/bboenqu>.

PLEASE SELECT YOUR COACH PICK UP POINT (These may change subject to demand)

Cambridge	
Northampton	
Central London	
Dover	

IF YOU HAVE SPECIFIC TRAVEL REQUIREMENTS DUE TO A PRE-ORGANISED EVENT OR A MEDICAL CONDITION, PLEASE GIVE DETAILS BELOW.

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**PLEASE SIGN BELOW TO CONFIRM**

That all the details given on this form are correct on the date given below.

That you will provide your Head of Service within the Catholic Association with any further relevant information, and notify them of any changes prior to the departure of the pilgrimage.

That you accept TANGNEY TOURS terms and conditions - <http://tinyurl.com/aulu7tc>.

**AND THAT YOU WILL KEEP TO THE CODE OF CONDUCT**

**You must**

- É Operate within the Pilgrimage's principles and guidance and any particular procedures of the CA
- É Treat everyone equally and with respect.
- É Engage and interact appropriately with all pilgrims.
- É Challenge unacceptable behavior and provide an example of good conduct you wish to follow - an environment which allows bullying, peer pressure, inappropriate language, shouting or any form of discrimination is unacceptable.
- É Respect the dignity of each individual and their right to personal privacy.
- É Recognise that particular care is required in moments when you are discussing sensitive issues with others e.g. Maintain appropriate boundaries.
- É Observe the French legal age limits with regards to alcohol consumption.
- É Avoid situations that compromise your behavior and relationship with other pilgrims

**You must not**

- É Engage in any inappropriate behaviour with other pilgrims - physical, verbal and sexual.

We feel strongly about these issues.

If you do not adhere to these conditions, an early return to the UK may be organised for you and you will be invoiced by Tangney Tours. In addition, if you received funding from your parish, they will be informed that you have not behaved appropriately and you may be expected to repay their funding.

YOUNG HELPERS NAME IN CAPITALS	YOUNG HELPERS SIGNATURE
PARENT/GUARDIAN NAME IN CAPITALS (WHERE YOUNG HELPER IS UNDER 18)	PARENT/GUARDIAN SIGNATURE (WHERE YOUNG HELPER IS UNDER 18)
VOLUNTEERS AGE ON 21/8/2017	DATE OF SIGNATURES

**MEDICAL INFORMATION FOR YOUNG HELPERS**

THIS WILL BE SENT TO THE PILGRIMAGE'S CHIEF DOCTOR – DR NUALA MELLOWS

YOUR FULL NAME	
DATE OF BIRTH	

Please ensure that you have an EHIC (European Health Insurance Card) for travel in Europe. EHIC is free and can be obtained from [www.ehic.org.uk](http://www.ehic.org.uk)

EHIC Expiry Date							

**YOUR DOCTOR'S DETAILS**

NAME			
ADDRESS			
		POST CODE	
PHONE NUMBER			

PLEASE STATE ANY MEDICAL CONDITIONS YOU HAVE	MEDICATION AND DOSE TAKEN

PLEASE STATE ANY ALLERGIES OR DIETARY REQUIREMENTS YOU HAVE