

# Free Presbyterian Youth Council



'Remember now thy creator in the days of thy youth' - Ecclesiastes 12:1

## Children's Outreach (Ballinran Mourne Centre)

30<sup>th</sup> June to 6<sup>th</sup> July 2012

(Maximum 10 places; Age Limit 16+)

Surname		Christian Name(s)	
Date of Birth		Church Attended	
Address			Youth Fellowship Attended
			Telephone Number
			Mobile Number
Postcode		Email Address	
Are you a Communicant Member of your church, and if so how long have you been in Membership?			
Outline your interest in outreach & open-air work			
Do you take part in the outreach programmes from your own congregation, and if so please give details of your involvement?			
What part do you have in the ministry of your Congregation to children? (E.g. Are you a Sunday School Teacher? Are you a worker at the Children's Meeting? Etc.)			

Rev. Ian Harris (President)  
23a Moneydarragh Road, Annalong,  
Newry, County Down, BT34 4TY  
e: president@fpcyouth.org

Stephen McAreavey (Secretary)  
2a Glen Road, Moira, Craigavon,  
County Armagh, BT67 0JH  
e: secretary@fpcyouth.org

Paul Cairns (Missionary Secretary)  
5 Seskinore Court, Seskinore,  
Omagh, County Tyrone, BT78 2SN  
e: missionarysecretary@fpcyouth.org

George Hanna (Treasurer)  
310 Craigs Road, Rasharkin,  
County Antrim, BT44 8RQ  
e: treasurer@fpcyouth.org

Detail any other previous experience in outreach & children's work			
Have you signed the Free Presbyterian Church Child Protection Policy?		Do you have an Access NI Disclosure Certificate?	
In case of Emergency (Name, Contact Numbers (inc Dialling Code) & Relationship to Applicant)			
Details of GP (Name & Tel Number inc Dialling Code)			
Details of any known conditions, allergies, etc (e.g. peanuts, asthma, diabetes, epilepsy) and/or any medication being taken.			
Any other special needs, requirements or directions that would be helpful for the leaders to know about?			
<b>Under 18's only - Parental Consent)</b> I give permission for my child to attend the 2012 Children's Outreach		<b>Parent/Guardian</b> .....	
In the event of illness or accident, I give my permission for first aid to be administered where considered necessary by a trained first aider if available, or medical treatment to be administered by a suitably qualified medical practitioner. To the best of my knowledge, I confirm that the above details are correct.			
Signature: ..... Date: ..... Name printed in full: .....			
<b>A letter of recommendation from your minister/session must be included with this application</b>			
Cost - <b>£200.00 per person</b> (includes transport, accommodation & food) A non-refundable <b>£50.00 deposit</b> is required with the application form. Please make Cheques payable to:- Free Presbyterian Youth Council.			
<b>Return completed application &amp; deposit by <u>30th April 2012</u> to:</b>		Paul Cairns, 5 Seskinore Court, Seskinore, Omagh, County Tyrone, BT78 2SN (M: 07962 486077; E: paul@cairns05.wanadoo.co.uk)	