

**KENELM
YOUTH TRUST**

Working in Partnership



We present.....

**MISSION BRAZIL 2019
JULY 24th – AUGUST 8th**

Following on from the amazing experience created initially by WYD RIO, come and join the adventure with the Kenelm Youth Trust and the CLM for an incredible, inspirational 2 week mission encounter in the mountains of Brazil!

All applicants must be aged 18 or over by the date of travel

Places are limited.

A

Personal Information	
Title and Surname (as it appears on your passport)	Forename(s) (as on your passport)
Address	Post Code
	Age at time of Pilgrimage
	Date of Birth
	Phone No.
	Mobile No:
Term Time if different from above	
Email (that you check regularly)	

B Please tell us a bit more about yourself

Parish	School / University / College / Job (delete as appropriate and give details)
Parish Priest	
Interests (eg. sports, musical instruments, drama, art, IT etc) skills.	
Have you been on pilgrimage with the Diocese before? If yes, please give details	

C Medical Form

National Health Service Number:

Medical Information (required for insurance)

Please answer the following questions as fully as possible. In the unlikely event that you require emergency treatment, it will help the medical authorities in deciding the most appropriate treatment to give. If you answer YES, please provide further information in the space provided overleaf. This is essential for us to ensure we can meet your needs whilst in Brazil.

- Do you suffer from ill health of any kind YES NO
- Have you undergone treatment of any kind YES NO
- Do you have a serious defect in sight or hearing YES NO
- Have you any physical, nervous or mental defect or infirmity YES NO
- Have you a history of any recurring, intermittent or chronic illness or condition YES NO
- Have you had a mental health illness of any kind? YES NO
- Do you engage in any sports or pastimes that involve the risk of injury, or are generally regarded as involving such risk. YES NO
- To you need support to walk unaided for 5 miles YES NO
- Do you have any known allergies, asthma, diabetes, epilepsy, other YES NO

Will your anti-tetanus injection be up to date at the time of travel YES NO

Can you swim 50m unaided? YES NO

If all your answers are NO please move on to Block D

If you answered YES to any questions in Block C, please give as much detail as possible on each question in the space below. Continue on the back if needed.

Failure to disclose any previous significant medical conditions could result in your Insurance being void and could impact greatly on the whole group.

Do you have any regular medication or medical treatment? YES NO

Please state name, dosage, purpose.....
.....
.....

D

Do you have any specific dietary requirements? YES NO

Please give details
.....

Is there any other information you feel the mission organisers should be aware of?

.....
.....

Name of GP:

Tel:

Address:

E Emergency Contacts

Please give the name, address and phone number of two people who can be contacted in an emergency and state their relationship to you. Please ensure you give Next of Kin who live at different addresses

Next of Kin Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone No(s):	Phone No(s):

F Passport and visa Information**You will need an**

Please send a photocopy of the photo page of your passport along with this form .
 Your passport must have 6 months remaining from the date of travel.
 If you are a UK British passport holder you will not require a VISA to enter Brazil.
 You may require a VISA WAIVER if our flights pass through the USA.
 VISA requirements for other passport holders will vary.
 If you do require a VISA you must be responsible for your own VISA/ VISA WAIVER arrangements.

Nationality	Passport Number
Is this a 10-year UK Passport?	Expiry Date
Place of Birth	

G Payment Schedule**TOTAL COST**

£1299

	DATE DUE	AMOUNT DUE
1.	On application	£150 Non Refundable
2.	November 30 th	£200
3.	January 31 st	£300
4 .	March 1 st	£300
5.	May 31st	£349

H

Why would you like to come on Mission Brazil?

Please include relevant experience, skills and what you feel you can offer to the group

References

Please provide two references from persons in a professional capacity who support your application and have known you for more than 2 years. If possible one should be from your parish priest.

Name:
Relationship: (delete as appropriate)
Head Teacher / Teacher / Tutor / Manager
Contact Phone No:

Name:
Relationship: (delete as appropriate)
Parish Priest / Deacon / Chaplain
Contact Phone No:

Address

Address

Pilgrims' Commitment

Please read the following carefully and ensure you are happy to agree to:

- Attend 2 preparatory weekends price included in package
- Follow the payment schedule outlined above and have paid in full before departure.
- Participate fully in the events of the mission
- Behave at all times in accordance with the groups agreed code of conduct

I understand that should I be deemed to be in breach of the above commitment before or during the trip and I choose to remove myself from the mission encounter, I understand that I will be expected to pay any additional costs incurred by myself or by the Kenelm Youth Trust.

Consent

Please read the following carefully and then sign and date below to show that you understand the commitment You are making and you willingness to take part.

I have read and understand the Payment Schedule as detailed above and agree to keep the Pilgrims' Commitment to the best of my ability. I confirm that the information given on this form is accurate and correct to the best of my knowledge.

Signed Date.....

K

Photography Policy

Use of Photographs by the Birmingham Catholic Youth Service

I understand and consent to the fact that during Diocesan Youth Events, photos and videos of the young people may be taken which may be used for posters, the website and the diocesan newspaper. These images will only be used for these purposes and in an educational context for reminding young people of these activities and experiences and promoting future events. I understand that any young person or leader who does not want their photo to be taken or to be used in any of the ways described above is free to make this clear in writing to the Youth Service staff who will comply with their wishes.

Signed _____ Date _____

Please return this Form along with a photocopy of the picture page of your Passport to Maria Bracken, BCYS, Don Bosco House, Coventry Road, Coleshill, B463EA

THANK YOU!

