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| **Full name of participant** |
| **Name participant likes to be known by** |
| **Address including post code** |
| **Age at time of event (must be 15 by 01/09/16 and under 19) Date of Birth** |
| **Gender** |
| **Have you been to Senior Conference before?** |
| **Diet: vegetarian / vegan / meat eater? Any special dietary needs? If yes, give details (here, or overleaf).** |
| **Name of parent/guardian** |
| **Parent/guardian address including postcode (if different from above)** |
| **Parent/guardian’s telephone Participant’s mobile** |
| **IMPORTANT We prefer to contact you and send forms by email to save expense, postage and paper. Please write clearly using BLOCK CAPITALS.**    **Parent/guardian’s email:**  **Participant’s email:**  **All correspondence will be sent to these addresses, so please make sure you check them regularly!**  **If you require correspondence to be sent by post please indicate here.** |
| **Local Meeting** |
| **Area Meeting** |
| **SUPPORT OF QUAKER BODY**  **Please ask a clerk, elder or overseer of your local Quaker meeting to complete this section. Alternatively, an email from a clerk, elder or overseer using the wording below will be accepted.**  **I [name] as clerk/elder/overseer of**  **Quaker Meeting support this application. I confirm that the applicant is associated with this Quaker meeting.**  **Signed Date** |
| **PARENT/GUARDIAN’S DECLARATION:**  **I apply for the young person named above to attend Senior Conference. I understand that I am responsible for the full cost of £325, including bursaries, which is due by 30 June.**  **Signed (parent/guardian) Date** |
| **We aim to be fully inclusive. Some participants may need extra support, in which case please write below (continue overleaf if necessary) about any issues you feel they need to know to support your child/ward more fully. Examples could include but are not limited to: social support (e.g. help in group activities and/or forming friendships); physical support (e.g. wheelchair user, mobility difficulties); behavioural or emotional support. All participants will be required to complete a medical form signed by you once offer of a place is confirmed. This information will be read by the co-ordinators, the first aid team and may be shared with other members of the staff team in confidence if this is necessary to help the conferee have a happy and safe event.** |
| **At Senior Conference we aim to build a community of openness and safety, which can be harder to create if conferees arrive late or leave early. Please can you state whether you intend to be present for the entire event. If no, please also explain why not, so we can assess priority bookings. (Please note that this year priority will be given to attendees who are able to attend for the whole week.)** |

**Please return this form by 21 March 2016 to Madeleine Page, Senior Conference Bookings Secretary, [seniorconference@googlemail.com](mailto:seniorconference@googlemail.com" \t "_blank) (please email if you require a postal address).**

**Early application is advised as we hope to fill all 88 places. Offers of places will be sent in due course.**