

# TOTNES GOSPEL HALL



## Monday Club



15 Castle Street, ♦ Totnes, ♦ Devon. ♦ TQ9 5NU

Website: <http://www.totnesgospelhall.org.uk>

Email: totnesgospelhall@aol.com

### **Information for parents and carers about the club and its activities.**

This information sheet is about the Monday Club, held in the Gospel Hall at Castle Street, Totnes on Monday evenings between 6pm and 7pm.

The Club is for children in school Year 1 to Year 6 (with some flexibility at either end of the age range). Activities include games, singing, quizzes and learning about the Christian Faith and the stories from the Bible. Older children can continue to be part of the club as a supervised helper.

All teachers, leaders and adult helpers have an enhanced disclosure from the Disclosure and Barring Service (DBS).

Membership of the Monday Club is FREE.

The club normally runs from September to Easter.

Normally we do not run the club during the school holidays or Bank holidays.

An information sheet will be given to the children to inform parents when Monday Club is not running.

A limited amount of free transport is provided to and from the club, this is either by our minibus or by a church member's private car. Younger children are given priority. All children will be returned to the place where they are picked up, unless we are instructed otherwise by you.

If your son/daughter has to leave the club early, please tell one of the leaders or write a note. For safety reasons no child under 11 years will be allowed to leave early without us having your authority and being accompanied.

If you have any questions about the club please feel free to phone 01803 862600 or otherwise write to: Monday Club, Totnes Gospel Hall, 15 Castle Street, Totnes, TQ9 5NU.

A copy of our Safeguarding policy is available on request.

### **BEHAVIOUR.**

Good behaviour is expected from all members, inappropriate behaviour may lead to club members no longer being able to attend.

### **CONTACTS.**

If you have any questions about the club please feel free to phone 01803 862600.

Or otherwise write to: Monday Club, Totnes Gospel Hall, 15 Castle Street, Totnes. TQ9 5NU.

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## **DATA PROTECTION.**

Under Data Protection legislation the Leadership of Totnes Gospel Hall are the Data Controller and a Church Leader acts as our Data Protection Officer.

We are collecting this information to enable the church to run the Monday Club and associated activities safely and ensure we can contact you (or other nominated adult) in case of an emergency.

Data Protection legislation allows us to process this information as we regard it as being in the church's legitimate interest. If you are unable to supply the information requested then we will be unable to accept your child at the Monday Club.

The information you supply will be held in paper form in a folder which will be kept securely. Only the Monday Club leaders will have access to this information.

The forms will be kept for a period of time in accordance with our DATA PROTECTION POLICY which can be viewed at <http://www.totnesgospelhall.org.uk>

We will NOT pass on this information to anyone else unless legally required to do so. You have the right to ask to be removed from our circulation list at any time.

If you are concerned about the way your information is being handled please speak to our Data Protection Officer. If you are still unhappy you have the right to complain to the Information Commissioners Office.

If you wish your son/daughter to come along to the club please complete and return the attached application form (pages 3 & 4).

Yours sincerely,

**Dave Santer** (joint leader).  
On behalf of the Monday Club.

Please keep pages 1 & 2 for your information.

## **MONDAY CLUB – application form/members record**

Childs First name (s): \_\_\_\_\_ Childs Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

### **MEDICAL CONDITIONS**

In caring for your child is there anything we need to know about your child's health (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc), regular medication or disability which may affect normal activities.

### **OTHER THINGS WE SHOULD KNOW**

In caring for your child is there anything else you think we should know?

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital treatment including anaesthetic.

**YES**  TICK BOX as appropriate **NO**

We occasionally take photos/videos of Monday Club activities for historical purposes, images will not be passed on to a third party and will be kept securely. Images will be stored either digitally, or on video/film or on printed media.

From time to time Totnes Gospel Hall may use these images for club activities and/or promotional purposes, club members are never identified by name on an image. Please indicate below if you give permission to use the images in this way.

**YES**  TICK BOX as appropriate **NO**

Please keep me informed of other activities/events at the Gospel Hall which may be of interest to your children and family.

**YES**  TICK BOX as appropriate **NO**

**Continued over the page.**

**Parent/guardian permission.**

I have read and agree with the information given in this form and give permission for my son/daughter to take part in the normal activities of the Gospel Hall Monday Club and connected events from the date of the signature on this form until further notice

I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children/young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I confirm that the information I have supplied is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Also your name in BLOCK LETTERS please \_\_\_\_\_

Address (if different from your child): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Your Landline Tel. No: \_\_\_\_\_

Your Mobile Tel. No: \_\_\_\_\_

*Please let us know if your contact number changes.*

Email: \_\_\_\_\_

**Second contact person:**

Please give a name of a person whom we can contact in case you are not available (grandparent etc. or other holding parental responsibility). Please list below with address and telephone number.

Name in BLOCK LETTERS: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Landline Tel. No: \_\_\_\_\_

Your Mobile Tel. No: \_\_\_\_\_