

# Totnes Gospel Hall – Friday 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.**

The Friday Club which is free, is for young people, and is held most Friday evenings throughout the year. During the winter months it is held mostly at the Gospel Hall and during the summer months outdoors at various locations.

To join, new members must be in the age group of 10 to under 14 years old.

Programmes listing activities, dates (including when we are not at the Gospel Hall) and non-club nights are published in January, May and September.

**Note:** When the activities are not held at the Gospel Hall, an information leaflet giving details of the activities (e.g. cost and time) is normally given out a week beforehand. If it is a Saturday activity, the details are usually given out on the Friday.

The Club is run by Christians who meet at the Gospel Hall. All leaders and helpers have had an enhanced DBS check.

A copy of our Safeguarding policy is available on request.

### **CLUB EVENINGS AT THE GOSPEL HALL.**

The Club starts at 6.45 p.m. and finishes at 8.30 p.m. Those who come along to the club are expected to stay for the whole club.

Transport: Free transport to and from the club is provided, this is either by our minibus or club leader's private cars. All members will be taken to their home unless otherwise requested by a parent or carer (verbally or in writing).

The evening activity will usually include a Bible based talk.

### **ADDITIONAL ACTIVITIES NOT AT THE GOSPEL HALL.**

Details are given on the reminder leaflet.

Club members will always be picked up and dropped off at their home. (Unless a specific request is made by the parent/guardian to do otherwise)

### **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 01364 73372.

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

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## **DATA PROTECTION.**

Under Data Protection legislation the Totnes Gospel Hall are the Data Controller and a Trustee acts as our Data Protection Officer.

We are collecting this information to enable the church to run the Friday 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 Friday Club.

The information your supply will be held in paper form in a folder which will be kept securely. Only the Friday 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. You have the right to ask to be removed from this 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 Friday club.

Please keep pages 1 & 2 for your information.

## **FRIDAY 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 activity including swimming.

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

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

### **SWIMMING ABILITY**

Is your child able to swim 50 meters?      **YES**  TICK BOX as appropriate      **NO**   
Is your child a confident swimmer?      **YES**  TICK BOX as appropriate      **NO**   
Is your child confident in sea or in open water?      **YES**  TICK BOX as appropriate      **NO**

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 Friday 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 Friday Club and connected events from the date of the signature on this form until further notice

I understand that this may include swimming in pools (and swimming/paddling at the seaside in the summer months).

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: \_\_\_\_\_

