

PARTICIPANT BOOKING FORM

New participants and alumni



Are you taking part in Global Social Leaders with others from an organisation, e.g. a school trip?

☐ Yes (please read and complete Sections 1 and 3 below)

☐ No (please read and complete Sections 2 and 3 below)

1 ORGANISATION DETAILS

Organisation name:

Organisation address:

2 PAYMENT DETAILS

☐ Participant place at £1,695

☐ Alumni place at £995

PAYMENT SCHEDULE

Payment 1: You will be invoiced for 20% of each place booked

Payment 2: Remainder due within 90 days of booking confirmation

Please note: your place is only confirmed when we receive Payment 1.

Would you like to book our welcome package at £150 per person?

The cost of the welcome package is added to Payment 2. Includes Sunday night accommodation plus transfers to and from London Heathrow Airport.

☐ No

☐ Yes



2 PAYMENT DETAILS (continued)

PAYMENT TERMS

Once we receive your 'Participant Booking Form', we will send you an invoice asking you to make payments directly by IBAN or SWIFT in GBP to:

Name: Future Foundations Training Ltd

Bank: Lloyds

Address: 3 St George's Road, London, SW19 4DR

Sort code: 309966

Account: 49337668

BIC: LOYDGB21070

IBAN: GB18 LOYD 3099 6649 3376 68

Any international banking fees are payable by the Participant not Future Foundations.

BOOKING DATE

The "Booking Date" shall be the date that Payment 1 is received by Future Foundations and in line with the selected payment option.

CANCELLATION

- Cancellation within 2 weeks of Booking Date: Full refund.
- Cancellation within 3 months of Booking Date: 50% refund.
- Cancellation within 6 months of Booking Date: 25% refund.
- Cancellation after June 1st 2016: Non refundable.

COSTING ASSUMPTIONS

- The programme cost does not include additional travel costs, visa fees, or other expenses related to getting to and from the programme location unless agreed within the packages outlined.
- The programme cost does not include additional spending money for smaller items such as gifts, souvenirs, and any extra elements that may be purchased by the participants.

2 PAYMENT DETAILS (continued)

VARIATIONS

Please notify Future Foundations in writing to request any changes to the services specified in the option(s) selected. Future Foundations shall endeavour to make any required changes. Any additional costs incurred shall be invoiced to the Participant.

LEGAL OBLIGATIONS

Future Foundations require the parental/guardian consent of Participants to ensure all parties (Future Foundations, Wellington Leadership Institute and the Participant) understand the responsibilities held for the safety and wellbeing of Participants.

This will need to be signed ahead of delivery of the programme officially starting to signify that you have reviewed the documentation and that you understand that your signature confirms that you have read and understood the terms, policies and responsibilities and are an authorised signatory for the Participant.

Participation in the Global Social Leaders Programme will be confirmed once Payment 1 and Payment 2 have been made, and the above stated documents are completed and returned to Future Foundations. This agreement is governed by and construed in accordance with English law, and the English courts have exclusive jurisdiction to determine any dispute arising in connection with the agreement, including disputes relating to any non-contractual obligations.

3 PARTICIPANT CONTACT DETAILS

- ☐ New participant
- ☐ GSL alumni

Full name:	
Gender:	
Date of birth:	
Phone number:	
Nationality:	
Passport number:	
Passport expiry date:	
Home address and postcode:	
Email:	

All communications will be sent via email so please ensure the email address given is accessed regularly

PARENT/CARER SECTION

Full name:	
Relationship to participant:	
Phone number:	
Email:	

Full name:	
Relationship to participant:	
Phone number:	
Email:	

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MEDICAL INFORMATION

Please complete the following questionnaire (tick yes/no as appropriate)

1. Name of family doctor (if applicable):
2. Family doctor address (if applicable):
3. Family doctor telephone number (if applicable):
4. Has your child had a tetanus injection in the last 5 years?
☐ No ☐ Yes
5. Does your child have any special dietary requirements?
☐ No ☐ Yes *(please specify, e.g. Halal, vegetarian, lactose intolerant, etc)*
6. Does your child have any allergic reactions?
☐ No ☐ Yes *(please list)*
7. Does your child require any ongoing medication?
☐ No ☐ Yes Can they take/administer the medication themselves?
☐ No ☐ Yes *(please list medications and specific information on what medication regime your child must follow)*
8. Has your child been identified as having ADHD or hyperactivity?
☐ No ☐ Yes
9. Does your child have Asthma?
☐ No ☐ Yes
10. Does your child have, or have they had any broken bones/muscle tears/tendon damage in the past year?
☐ No ☐ Yes *(please list)*

11. Does your child suffer from migraines?

☐ No ☐ Yes

12. Does your child have restricted mobility/physical disability?

☐ No ☐ Yes *(please explain the nature of your child's needs and what support they require to allow full participation)*

13. Does your child have severe hearing or visual impairment?

☐ No ☐ Yes *(please explain the nature of your child's needs and what support they require to allow full participation)*

14. Does your child have stomach, digestive or abdominal problems?

☐ No ☐ Yes

15. Does your child have heart trouble/angina/high blood pressure?

☐ No ☐ Yes

16. Does your child have any blood disorders?

☐ No ☐ Yes

17. Does your child have epilepsy, fainting attacks?

☐ No ☐ Yes

18. Does your child have a nervous illness/depression/psychiatric illness?

☐ No ☐ Yes

19. Has your child been treated by a doctor within the last 2 years?

☐ No ☐ Yes

20. If yes to any of the questions above, please specify:

SIGNATURES

Please sign and return to your lead staff member or email to social.leaders@future-foundations.co.uk.

PARTICIPANT

Your name (CAPITAL LETTERS)

Signed

Date

PARENT/CARER

I agree to my child attending the Global Social Leaders Programme. I agree to the organisers of the programme making contact with me, and/or my child to provide further details of the programme as required. I have read the information provided about the programme. I have read and completed the medical form to the best of my knowledge. I agree to my child receiving emergency medication, dental, medical or surgical treatment as considered necessary by the medical authorities present. I agree that my child should travel with the appropriate level of medical insurance.

I understand that media generated during the programme may be used responsibly for reporting or promotional purposes.

I believe that the information provided above is correct and will notify the organisers of any changes as soon as possible.

The Data Protection Act 1998 regulates how organisations obtain, use and retain information about individuals. The information you have supplied is being collected for the purposes of the Global Social Leaders Programme. When you sign this form you are providing your consent to Future Foundations and Wellington Leadership Institute to hold your information for this purpose. This information is used only for the purposes for which it is given and it is not passed on to third party.

Signed

Name (print)

Date