



Presents



'A faith-inspired leadership programme to empower our future leaders and steer them away from knife crime and community violence'

Application Form

BAHU TRUST
19 Ombersley Road, Birmingham, B12 8UR

APPLICANT INFORMATION

Students Name:

Fathers or Mothers Name:

D.O.B:

Current Address:

City:

Post Code:

Student Gender:

Home Number:

Mobile Number:

Parent/Guardian contact email Address:

SIGNATURES

I _____ (Parent/Guardian) of _____ confirm
that all the information above is correct and to the best of my knowledge.

Name:

Date:

Signature:

Medical Information Form

It is very important for the safety and well-being of your child that our staff are aware of any medical condition(s) that they may have.

GP DETAILS									
Name of GP:					Surgery Name:				
GP Surgery Address:									
Postcode:					Tel No:				
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS (PLEASE TICK)									
Diabetes	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	Fits/Epilepsy	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	Bladder Problems	<input type="checkbox"/>	Wear glasses/contacts	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
Any Special Needs	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<p>If your child is taking any regular medication please give (name, dose, frequency).</p> <p>Are/Is there any other medical condition(s) that is not listed above, which you feel the Bahu Trust should be aware of in order to help facilitate the best care of the participant. Please mention this here</p>									

EMERGENCY CONTACT 1			
Forename:		Surname:	
Address:			
Postcode:	Contact No:	Mobile No:	
Email:		Relationship to applicant:	
EMERGENCY CONTACT 2			
Forename:		Surname:	
Address:			
Postcode:	Contact No:	Mobile No:	
Email:		Relationship to applicant:	

Occasionally we will take pictures and videos of young people taking part in our activities in order to promote the programme to a wider audience.

I, the undersigned, hereby authorise the Bahu Trust to photograph/video my child, , and/or make electronic sound recordings. I authorise the use of any such photographic or electronic reproductions of this for any purposes specifically related to this programme.

Yes No

I confirm that the information that I have provided is accurate and complete to the best of my knowledge to the Bahu Trust.	
Signed:	Parent/Guardian (Please Delete)
Print Name:	
Date:	

We thank you for your co-operation and support in this matter

Please return completed Application Forms to:
Bahu Trust Office, 19 Ombersley Road, Birmingham, B12 8UR.

Alternatively email: info@bahustrust.org or call 0121 440 4096.

FOR OFFICE USE ONLY	
Admission Number:	Accept/Reject:
Remarks:	