



Ysgol Gyfun Gymraeg Llangynwyd

Llangynwyd
Maesteg
PEN-Y-BONT AR OGWR
CF34 9RW

Ffôn/Phone: 01656 815700
Ffacs/Fax: 01656 815701
Ebost:email:
post.ygglangynwyd@bridgend.gov.uk

Pennaeth/Headteacher: Mr M Jones BEng (Hons), NPQH

Ebrill 20^{fed} 2015

Annwyl Riant/Warcheidwad,

Profiad Adeiladu tîm yn Crickhowell

Mae eich mab/merch wedi cael ei dd/dewis i gymryd rhan yn niwrnod Adeiladu tîm yn Crickhowell ar Ddydd Mercher **6/5/15**. Mae'n un o ofynion y cwrs BTEC bod y disgyblion yn cymryd rhan mewn profiad adeiladu tîm i arddangos gallu nhw i weithio gydag eraill a'i sgiliau arwain. Bydd bws yn gyrru'r disgyblion i'r Bannau Brycheiniog am 8.50am ac yna yn ôl i'r ysgol erbyn 4.15pm, pris y bws ydy £13. Bydd angen i'ch plentyn wisgo gwisgo addas ar gyfer gweithgareddau awyr agored a dod a pheccyn bwyd.

Os ydych yn dymuno i'ch plentyn fynychu'r daith hon yna gofynnir i chi ddychwelyd y rhwyglen isod, ynghyd â £13, i'r ysgol erbyn dydd Gwener 1af o Fai. Dylid gwneud sieciau yn daladwy i Ysgol Gyfun Gymraeg Llangynwyd. Os ydych am dalu ag arian parod, a allwch chi sicrhau eich bod yn gyrru'r arian cywir os gwelwch yn dda oherwydd ni all y swyddfa dalu unrhyw newid.

Yn ddiffuant,

Sarah Stephens
Adran Fusnes

Meurig Jones
Dirprwy Bennaeth

Rhoddaf ganiatâd i _____ gymryd rhan yn niwrnod Adeiladu tîm ar **6^{ed} o Fai** ac amgaeaf siec/arian parod o £13.

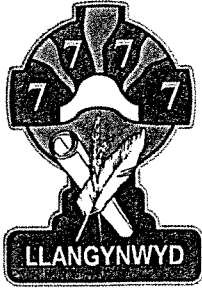
Cytunaf y byddaf yn gallu casglu'm plentyn am 4.15yh o'r Ysgol.

Enw'r disgybl: _____ Dosbarth tiwtor: _____

Enw & rhif ffôn cyswllt mewn argyfwng: _____

Unrhyw broblemau meddygol (e.e. asthma, alergedd ayb): _____

Llofnod: _____



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April 20th 2015

Dear Parent/Guardian

Crickhowell Team Building Experience

Your son/daughter has been chosen to Attend Crickhowell in Brecon to take part in a team building exercise as part of their Business/Public Services course. It is a requirement of the BTEC course that the pupils take part in a team building experience to display both their team working and leadership skills. This event will be run by the army on the 6th of May 2015. A bus will drive the pupils to Crickhowell at 8.45 and return to the school by 4.15pm, you will need to collect your child from the school at this time. The cost of the bus is £13. Your child will need to wear suitable clothing for outdoor activities and will need to bring a packed lunch.

If you wish your child to attend, please will you complete the permission slip below and return it, with the payment of £13 to the school by Friday 1st of May. If you choose to pay cash, kindly send in the correct amount as the office will be unable to provide change. Please make cheques payable to Ysgol Gyfun Gymraeg Llangynwyd.

Yours sincerely

Sarah Stephens
Business Department

Meurig Jones
Deputy Headteacher

I give permission for _____ to attend the Crickhowell Team Building Experience on the 6th of May and enclose payment of £13 in the form of a cheque/correct cash.

I will be able to collect my child from school at 4.15pm.

Pupil's name _____ Tutor class: _____

Contact name and number in case of emergency: _____

Any Medical Problems (i.e. asthma, allergies etc):

Signature: _____



PARENT / GUARDIAN CONSENT FORM FOR ARMY in EDUCATION ACTIVITIES

PLEASE NOTE: This is the consent form required for candidates under the age of 18 to take part in activities related to Army in Education activities. This is **not** consent to recruiting for, or joining, the Army.

THIS FORM IS TO BE COMPLETED IN FULL AND SIGNED BY THE PARENT OR GUARDIAN OF THE PERSON NAMED BELOW (CANDIDATE).

YOU ARE TO COMPLETE THIS FORM AND BRING IT TO YOUR ARMY IN EDUCATION ACTIVITY.

YOU **WILL NOT** BE ABLE TO TAKE PART IN ANY ARMY IN EDUCATION ACTIVITY IF YOU HAVE NOT RETURNED THIS FORM.

ALL DETAILS MUST BE IN BLOCK CAPITALS

PARENT / GUARDIAN

Full name: Relationship:

Address:

.....
.....
.....
.....

Contact Telephone Numbers:

Home:
Work:
Mobile:

CANDIDATE

Full name: Date of Birth:

DIETARY REQUIREMENTS

Please detail any food the candidate is unable to eat for medical or ideological reasons:

FOOD	REASON
.....
.....
.....
.....
.....
.....



EMERGENCY CONTACT DETAILS

Please ensure the details you provide are of a suitable adult (over 18 years of age) who has responsibility for the candidate during the Army in Education activities (which may require overnight stays by the candidate). If possible, please provide a second contact and the candidate's registered Doctor.

First Contact Details

Full name: Relationship:

Address:
.....
.....
.....
.....

First Contact Telephone Numbers:
Home:
Work:
Mobile:

Second Contact Details

Full name: Relationship:

Address:
.....
.....
.....
.....

Second Contact Telephone Numbers:
Home:
Work:
Mobile:

Registered Doctor's Contact Details

Doctor's Name: Surgery Name:

Surgery Address:
.....
.....
.....
.....

Surgery Telephone Number:
.....

PUBLIC LIABILITY STATEMENT

- a. The Ministry of Defence (MOD), or any third party used by the MOD from time to time for the delivery of Recruiting Services, will deal with any common law claim for compensation on the basis of legal liability to make payment, which is to say any claim that arises due to the negligence of the MOD, its servants, agents or contractors. Any such claim should be forwarded to the Directorate listed below and copied to Business Assurance, HQ RG, Bldg 370, Trenchard Lines, Upavon, SN9 6BE:

Ministry of Defence, Directorate of Business Resilience, Common Law Claims & Policy, Public Liability Team, Level 1, Zone 1, MOD Main Building, Whitehall, London, SW12 2HB

- b. The MOD does not purchase public liability insurance, but accepts its own risks and acts as its own insurer; consequently MOD cover is without financial limit.
- c. The MOD, or any third party used by the MOD from time to time for the delivery of Recruiting Services, has no legal liability to deal with claims for injuries resulting from pure accident or 'Act of God'. Therefore you may wish to consider personal accident insurance.
- d. In those cases where a third party is used by the MOD to provide the Recruiting Services any common law claim for compensation, will be dealt with by that third party who will have in place public liability insurance arrangements.

The Army will not be held responsible for the candidate while travelling to the activity unsupervised on public transport. The Army shall only accept responsibility for the candidate, once the authorised Army representative has met them at the pre-arranged place and time. Those returning home via public transport are considered to be in the care of the Army until the point at which they board public transport.

In the event of injury or illness resulting in the candidate needing to return home, the parent / guardian is responsible for collecting the candidate.

In the event of the candidate behaving inappropriately resulting in dismissal from the course/activity/visit, the parent / guardian will be responsible for collection.

The Army will not be held liable for any failure to disclose any relevant information.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

You are to read the following questions carefully and provide a Yes / No answer in the box provided.

	QUESTIONS RELATING TO YOUR MEDICAL HEALTH	YES	NO
1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2	Does your doctor currently prescribe you drugs (for example water pills) for blood pressure or a heart problem?		
3	Do you ever feel pain in your chest when you do physical activity?		
4	In the past month, have you had chest pain when you are not doing physical activity?		
5	Do you ever feel faint or have spells of dizziness?		
6	Do you suffer from shortness of breath at any time or a respiratory condition that would prevent you from doing physical activity?		
7	Do you have any joint problems (Including neck, back & hip) that could be made worse by exercise, including jumping and landing?		
8	Are you pregnant or have you given birth in the last 6 months?		
9	Do you have a condition requiring medication or are you taking medication that would prevent you from doing physical activity?		

Our Declaration:

For your safety and welfare, if you answered yes to any of the above then you will not be able to take part in the physical activity/activities.

If, between signing this document and you taking part in scheduled activity, your health status changes it is your parent/guardians responsibility to inform your Activity co-ordinator.

Your ability to undergo physical activities will be monitored during warm up sessions. If the Instructor determines that, based on his/her assessment, you are not up to the required standard you will be refused access to take part in the physical activity/activities.



DECLARATION

- I give permission for the candidate to carry out Army in Education activities.
- I understand that the event may include:
 - >> Physically demanding activities
 - >> Chaperoned overnight stays
- I confirm that there are no known medical reasons why the candidate should not participate.
- I am aware that the Army is unable to allow individuals who have a medical condition¹, that may impair their ability, cause sudden incapacitation or require medication, to participate in the above activities.
- I am aware that the Army cannot allow individuals to participate in physical activities if they have certain conditions, and can confirm that the candidate does not:
 - >> Have a current injury or receiving medical treatment that prevents them taking part in physical activity.
- In the event of illness or injury during Army recruiting activities, I authorise the provision of any required medical treatment as deemed necessary by the Service or Civilian medical attendants for the candidate. In the event of medical treatment being provided, I will be notified as soon as possible. I understand that if the candidate is over 16 they can decline the offer of medical treatment. With the exception of a Medical Officer, Service Personnel are not responsible for administering or supervising the administration of any medication.
- I acknowledge that photographs may be taken for use in official military publications, including recruiting material. Please tick one box below:

I am happy for photographs to be taken I prefer photographs not to be taken

PARENT / GUARDIAN SIGNATURE

Signed Date

¹ Participation in physical activities by individuals with Asthma, Epilepsy or ADHD is subject to a suitable and sufficient risk assessment by the activity Commander in accordance with JSP 375, taking into account the degree of impairment, likelihood of sudden incapacitation, proposed activities, environment and the use of prescribed medication. Specialist Occupational Medicine advice can be sought from Occ Med Branch, HQ ARTD, Bldg 370, Trenchard Lines, Upavon, SN9 6BE to assist in the assessment of risk.



FOR STAFF USE

Event/Activity Title (Case Name / No e.g. PDA):

The Physical Activity Readiness Questionnaire must be reviewed with the candidate on day of activity and appropriate action taken if there are any significant changes since originally signed.

Instructor's signature:

Print name:

Date: