

## Uniform Size

During the week of the Course those selected will wear full firefighting uniform. Please fill in the details below as fully as possible, to enable us to issue the correct size.

Name .....

Chest size .....

Waist size .....

Inside leg .....

Height .....

Shoe size .....

Glove size (small/medium/large) .....

It is advisable that all young people selected for the course bring two pairs of thick/walking socks to wear under the fire boots to aid comfort for the whole week. (These will NOT be provided).

## Agreement of understanding

In order to be selected to attend The LIFE Course you will be required to agree to the following statements in advance to benefit from attending and for safety reasons:

- I will arrive on time
- I will not use offensive language
- I will not wear any jewellery
- I will not spit
- I will act and behave responsibly
- I will look after my uniform
- I will follow instructions

Signature of young person .....

Date .....

East Sussex Fire & Rescue Service lives and operates by these statements to save life and work together safely and we expect you to do the same while with us.

If you are selected to attend the course and you choose to behave in breach of this agreement, it WILL result in your being immediately removed from The LIFE Course. Discipline and safety are non-negotiable.

## ACTIVITY PARTICIPATION FORM FOR PERSONS UNDER THE AGE OF 18 YEARS

### Parent/Guardian/Carer Consent Form

Please complete this form as fully as possible. This information is important and will be treated as confidential by East Sussex Fire & Rescue Service.

Young person details:

Surname ..... Forename .....

Address .....

.....

..... Postcode .....

Telephone ..... Male/female .....

Name of Activity Centre: Hove Community Fire Station

Name of Lead Trainer: TBC

Dates: TBC

Activities: Various hose, ladder & breathing apparatus training. First aid, consequence training and team-building exercises.

Next of kin:

Surname ..... Forename .....

Address .....

.....

Postcode ..... Telephone .....

Additional emergency contact details: .....

.....

# East Sussex Fire & Rescue Service

The following information is required to help the Course organisers and trainers to ensure the health, safety and welfare of participants throughout the course duration. The organisers may feel it necessary to contact you for further advice and guidance. All information will be strictly confidential. Please complete this section as fully as possible.

Please give young person details (if any):

1. Disability .....

.....

2. Injury or illness suffered in the last 4 weeks .....

.....

3. Medical conditions (e.g. allergies, epilepsy, asthma, diabetes, phobias) .....

.....

4. Medication and or medical treatment which they receive for the above or any other medical condition (eg. specific type of medicine and/or treatment and how often this needs to be taken)

.....

.....

5. Special dietary needs (e.g. vegetarian, food/nut allergies) .....

.....

Name of doctor ..... Telephone .....

Address .....

.....

Any information which may be relevant to your young person's health, safety and welfare (e.g. any emotional or physical difficulties such as hyperactivity, behaviour issues, recent bereavement or trauma, non-swimmer etc.)

.....

.....

.....

# East Sussex Fire & Rescue Service

Do you give your consent for the Course leader or delegated trainer to administer/ manage medication regime and to authorise medical treatment for your child, should it be deemed necessary and provided that the delay required to obtain your signature might be considered, in the opinion of a doctor or surgeon, likely to endanger your child's health and safety?

In case of an emergency, every effort will be made to contact you.

Please circle:                    YES                    NO

In the event of any promotional/publicity material in conjunction with the course being held or produced, do you consent to your child's image being provided for this purpose?

Please circle:                    YES                    NO

I wish my child to be allocated a place on The LIFE Course. I understand that, while the course organisers and trainers in charge will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during the course. I realise and accept that, in the event of my child's behaviour adversely affecting the safety of the course, the course leader reserves the right to return my child home and/or contact myself to arrange immediate collection.

Please circle:                    YES                    NO

I declare that the information on this form is correct to the best of my knowledge and understanding.

Signed .....  
(Parent/Guardian/Carer)

Print name .....

Date .....