

# Confirmation Programme for St James The Great,

## Petts Wood

Please complete and return to the parish office (281A Crescent Drive, BR5 1AY)

along with all documents needed.

### CONTACT INFORMATION & PERMISSION FORM

Contact Details	
<b>Full name of young person:</b>	
<b>Young person's date of birth:</b>	
<b>Full name of parent(s)/guardian(s):</b>	<b>Mobile telephone number(s):</b>
1.	
2. (if applicable)	
<b>Home address including full postcode:</b>	<b>Landline Number:</b>
<b>Church of Baptism:</b> <i>If the candidate <u>was not</u> Baptised at St James, please supply copy of Baptismal certificate. <b>If baptised at St James please give the date of baptism.</b></i>	
<b>Church where candidate received 1st Holy Communion:</b> <i>If this <u>was not</u> at St James, please supply copy of FHC certificate.</i>	
<b>Email Address – By providing your email address you are giving us permission to contact you via this in accordance with new GDP regulations.</b>	
<b>Childs Confirmation Name (If Known)</b>	

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#### GDPR

During Confirmation meetings, group photos will be taken. A still photograph can be considered to be personal data if it is possible to identify the individual directly from the image. **Please check the boxes of the publications you are NOT happy for photos of your child to be used in:**

Parish Newsletter (hard copy & linked on Facebook)

St James Website

St James Facebook Page

Church Noticeboard

Do you wish to be notified of future parish and deanery youth events? Y / N

Signed ..... (Print Name: .....) Date:

# Health Information Form

Candidates Name .....

Date Of Birth.....

Address .....

.....

GP's Name .....

GP's telephone number .....

GP's Surgery name and address .....

.....

.....

## General Health Information

Does the candidate have any allergies?

NO

YES (Details- severity, EpiPen information etc.)

Does the candidate have any illnesses or disabilities?

NO

YES (details)

Is the candidate currently taking medication?

NO

YES (details including reason for its use)

**Does the candidate self-medicate?**

**NO**

**YES**

**Is the candidate currently receiving medical treatment?**

**NO**

**YES (details including hospital name and address)**

**Is there any further information the catechists should have regarding the candidate's health and well-being? Example: Any special needs, worries or concerns. All information will be treated in strict confidence.**

**Emergency Contacts**

**Name .....**

**Telephone 1 .....**

**Telephone 2 .....**