

Please print and complete this application form and email completed application forms to [registrar@thekingslodge.org](mailto:registrar@thekingslodge.org)

For office use only  
Approved by \_\_\_\_\_  
Date \_\_\_\_\_



# Seminar Application

For short term Seminars

**APPLICANTS NAME** \_\_\_\_\_

**SEMINAR APPLIED FOR** \_\_\_\_\_

- Husbands and wives must complete separate application forms

Address \_\_\_\_\_

Post/Zip code \_\_\_\_\_ Country \_\_\_\_\_

Contact Number \_\_\_\_\_

Email \_\_\_\_\_

Date of birth (for accommodation purposes) Day    /Month    /Year

Gender (for accommodation purposes)     Male  Female

Marital Status (for accommodation purposes) \_\_\_\_\_

Passport Nationality (for visa purposes) \_\_\_\_\_

How did you hear about the seminar? \_\_\_\_\_

What do you hope to get out of the seminar? \_\_\_\_\_

Any medical information we need to be aware of? \_\_\_\_\_

Do you have any food allergies or dietary needs? \_\_\_\_\_

Do you require food and accommodation for the duration of the seminar? (See website for costs)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_



## DECLARATIONS

### I UNDERSTAND THAT:

#### GDPR POLICY

To comply with GDPR (General Data Protection Regulation), The King's Lodge has to inform you that we will collect and process your data only with your consent. The purposes for this data collecting and keeping are Part of employment law – e.g Application process, UK Visa requirements Staff and trainee placement, care and accommodation purposes. Sharing with third parties mainly for personnel care and field assignments. You have the right of access to and the right to rectify personal data. You have the right to object to processing and the right to be forgotten. You have the right to withdraw your consent. Your data will be kept securely both digitally and physically.

#### CONSENT FOR TREATMENT – AN EMERGENCY PROVISION:

In the event that I am unable to sign a consent form due to incapacity, I hereby give my consent for any treatment/medical intervention deemed necessary by the attending health care professionals. Whilst YWAM will make every effort to contact my next of kin/emergency contacts, there may be situations where this is not possible. I, therefore, give permission for YWAM to act in my best interests. I recognize that in an emergency situation it is standard operating procedure to always act in the interest of preserving life.

#### RELEASE OF LIABILITY

Though every effort is made to provide a safe environment, Youth With A Mission Limited, their agents, employees and volunteer assistants are insured against loss or injury caused by the negligence of Youth With A Mission Limited.

In the absence of any negligence or other breach of duty by Youth With A Mission Limited, participation in a Youth with A Mission Limited organised programme, event or outreach is entirely at the participant's own risk.

#### SAFEGUARDING DECLARATION

Due to the nature of the living environment for most of our YWAM teams, with staff and families with small children living in close proximity, we need to ask you to sign this statement.

I confirm that I am not barred from working with children/vulnerable adults.

**I have read and agree with the declarations above, and I declare that I have completed this application truthfully, to the best of my knowledge.**

Signature \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_

I consent for photos and videos of me to be used on The King's Lodge and YWAM website of other advertising material connected with promoting YWAM and The King's Lodge.

YES    NO    (Please circle (scratch the other))

Signature \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_

Printed Name \_\_\_\_\_

---