



Queens Medical Centre Campus **Derby Road Nottingham** NG7 2UH

Tel: 0115 924 9924 ext. 81421 **Direct Dial**: 0115 970 9421

Email: nuhyouthservice@nuh.nhs.uk Web: www.nuhyouthservice.org.uk

Nottingham Hospitals Charity At the heart of your care

Join us for our Easter Trip to: UK Games Expo at the NEC

On: Sunday 4th June

Meeting at: the Monty Hind Centre (Youth Club)

Times: 8:45am; returning at 5pm

Cost: £10.00 per person

See the next page for further details...



To register your place, fill out the attached consent form and return it to us no later than Wednesday 31st May.

For further information, please contact the NUH Youth Service on: 0115 970 9421 or email us: nuhyouthservice@nuh.nhs.uk













Parent & Carer Briefing Sheet

	Staff	Role	Contact Numbers:	
1	Donna Hilton	Youth Service Manager	07595 285042	
2	Michael Horne	Emotional Health Youth Worker	07812 276699	
3	Terrence Green	Youth Worker	07812 279525	
4	Volunteers			
5				
Centre Details & Meeting times etc.		http://ukgamesexpo.co.uk Meeting outside Youth Club at 8:45am; returning at 5pm and travelling by minibus.		
Activities Undertaken on Trip/Event:		The UK's largest Hobby Gaming convention. Will include: - Shows & demonstrations - Chance to try out new board games - Gaming area to play board games - Merch stalls and much more!		
What to bring:		 A packed lunch or money for food Spending money (optional) Any medication required for the day Please note that any valuables brought along will be the responsibility of the young people and not the staff. 		
Other Details:		Please ensure you inform us of any information necessary in order to best support you. Please let us know of any learning disabilities, allergies etc. too. Please note that if you are more than 15 minutes late for the trip, the minibus may not be able to wait for you		



Consent Form

Participants Full Name:		Date of Birth:				
Preferred Name:		Pronouns:				
Address and Postcode:						
Contact Details: (Name & Number)						
Emergency Contact: (Name & Number)						
Details of Event/s: (Tick if attending)	Yorkshire Wildlife Park	orkshire Wildlife Park				
Any details we may hold of yourself or a young person are stored in a secured place and will only be used to ensure the safety and protection of an individual. None of your information is shared with external parties unless it is essential for Health and Safety or Safeguarding purposes.						
Please read and confirm the st	atements below:					
\square I have read the information on the visit/activity and consent to taking part.						
☐ I am able to swim a minimum of 50 metres (for water activities only)						
\Box I consent to any emergency medical treatment found to be necessary during this visit/activity.						
☐ I understand the NUH Youth Service Acceptable Behaviour policy (I.E. Young people will be required to follow staff instructions at all times. Failure to do so will result in not participating in the activity/trip)						
Please tick to consent to the o						
I consent in taking photos/Vide os which may be used for presentations, social media and other NUH Hospital publicity.						
☐ I consent to being included in Youth Service WhatsApp Groups.						
Name of Doctor:						
Doctors Address:						
Details of Medical Conditions/Disability/Allergies (Please include any learning difficulties)						
Current Medication:						
Dietary Requirements:						
Other Information that we need to know:						
Name/Signature: (if over 18) Name/Signature of Parent/Car	er:	Date:				

