ACROSS
St Mark's Community Centre,
218 Tollgate Road, Beckton, London. E6 5YA
Tel: 01499 302715 Fax: 01499 302716
e-mail: pilgrimages@across.org.uk
website: www.across.org.uk

ACROSS
travel for those needing special care

Please E-mail a head and shoulders picture of yourself to pilgrimages@across.org.uk

It will be used to create your personalised name badge

ABLE/UNABLE Helper Application Form

CONFIDENTIAL

Please print clearly in BLACK INK

Group No

Title			Surname		
First Name			Known As (if appropriate)		
Address					
Town			Post Code		
Date of Birth			Weight		
It is important that all of our groups have a balanced team of helpers of all ages, which is why we ask for your date of birth here					
Contact Details	Home No:		Work No:		
	Mobile No:		E-Mail:		
Passport	Passport No:		Expiry Date:		
Nationality		Do you require a VISA to Travel ?		Yes / No	
EHIC Card	Expiry Date:				
Do you have an ACROSS DBS or PVG?	Y / N	DBS / PVG	Certificate No		
			Date of Issue		
If NO above – are you already a member of the PVG Scheme ?		Y / N	No:		
This is regulated work with Vulnerable Groups and ACROSS has a responsibility to undertake Enhanced Disclosure checks on all applicants. Dependent upon information provided above a separate form will be sent to you for completion, this should be returned as soon as possible as all helpers have to be disclosed before the date of travel					
Do you intend taking out ACROSS Insurance ?			YES / NO		
If NO above please confirm your Insurance Provider					
Insurance Policy No		Valid From - Until			
When are you available to travel (dates or Group Number)?					
Can you travel at short notice ?	Y / N	How much notice do you require ?			
Have you travelled to Lourdes before ?	Y / N	With ACROSS	Y / N		
Please state previous relevant experience (for example as a carer, nurse, volunteer, family experience, with ACROSS)					
Are you accompanying anyone?					
Person to Contact in case of Emergency (*not someone who is travelling with you*)					
Name					
Relationship					
Address					
Town			Post Code		
Contact Details	Home No:		Work No:		
	Mobile No:		E-Mail		

Please ensure this section is completed fully before returning your application form

Safe Guarding Certificates

ACROSS is registered with the Disclosure and Barring Service (DBS), Protecting Vulnerable Groups Scheme (PVG) and Disclosure Scotland. All helpers travelling must have a qualifying certificate.

Failure to have a qualifying certificate will mean that you will not be allowed to travel as a member of the ACROSS group. These procedures are for the protection of you and the VIP's in our care.

Certificates issued are valid with ACROSS for three years from date of issue. **e.g. if your certificate was issued on the 1st May 2014 and you are travelling on the 4th May 2017 you will be required to renew your certificate.**		
		Please tick as appropriate
I already have an ACROSS DBS / PVG which qualifies me for travel	**Dated:**	
I require an application for a DBS / PVG		

Personal Disclosure

Are you "barred" from working (paid or unpaid) with children or vulnerable adults?	Yes / No
Please disclose whether you are the subject of an investigation and/or disciplinary proceedings by your professional body or are not permitted to practice by your professional body. Please give details of any criminal convictions, cautions or criminal proceedings pending. As a volunteer with ACROSS you will be in contact with children and vulnerable adults and may not rely upon the provisions of the Rehabilitation of Offenders Act 1974 so far as it relates to disclosure of previous convictions. **All convictions, however old, must be declared on each application unless already known by ACROSS and you are not a "new" helper.**	
This information will be treated in confidence. Many offences have no relevance to a person's ability or suitability to work with children and vulnerable adults.	
Self-Declaration Scotland Candidates are therefore required to disclose any unspent convictions or cautions and any spent convictions for offences included in schedule A1, "OFFENCES WHICH MUST ALWAYS BE DISCLOSED" of the Rehabilitation of Offenders Act (Exclusions and Exceptions) (Scotland) Amendment order 2015. Candidates are not required to disclose spent convictions for offences included in Schedule B1, "OFFENCES WHICH ARE TO BE DISCLOSED SUBJECT TO RULES" until such time as they are included in a higher level disclosure issued by Disclosure Scotland.	
This information will be treated in confidence. Many offences have no relevance to a person's ability or suitability to work with children and vulnerable adults.	

Thank you for completing an application to join our pilgrimage to Lourdes. It is most important that you give us as much information as possible and please do not worry about any physical restrictions you may have. Once a place has been allocated, and in order to ensure that we give the best possible care to all those travelling with us, the information provided by you and your Doctor will be disclosed to the Medical Team and the Group Leader.

We also need this information for insurance purposes – any non-declaration of relevant information will render your insurance policy null and void in the event of any claim for medical care or repatriation. All information is treated as confidential.

GP Details			
Name			
Address			
Post Code		Tel No	

Are you fit and able?		Are you able to walk long distances ?	
Do you use any walking aids? If yes please specify			
Have you pushed a wheelchair before ?		Can you push a wheelchair on flat ground ?	

Relevant information concerning your capabilities and/or illnesses. Please include any specific diagnosis of ill health or on-going medical condition.

Please list any medications/injections that you use regularly or preferably provide a copy of your repeat prescription
YOU MUST BRING A 12 DAY SUPPLY OF ALL MEDICATION IN YOUR HAND LUGGAGE

Do you have any KNOWN ALLERGIES? Yes / No
If **YES,** please specify here;

Please indicate any dietary requirements (e.g. Vegetarian, Gluten Free). The hotel serves a set menu, which may include veal & fish. The staff are helpful in accommodating special diets but need to know in advance. If you have special dietary needs including food allergies, please note them here. If you are on a special diet and need specific food or drink, please bring some with you both for the journey and the hotel.

Publicity
On occasion, photographs, videos and audio of participants in ACROSS activities may on occasion be submitted to newspapers, ACROSS newsletters, websites, social media or put on display. Please indicate if you have any objections and are not prepared for your image to be used this way by ticking the box. ☐

Signature: **Date**

Please ensure your Doctor or Consultant completes the page overleaf.

ACROSS, St Mark's Community Centre, 218 Tollgate Road,
Beckton, London, E6 5YA

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Dear Doctor

Your patient has applied to travel with ACROSS as an able/unable helper. This means that they would be able to help someone at mealtimes and with light assistance at other times. They would not be expected to push wheelchairs or do any 'heavy work' but the trip could involve walking for long distances, some of which could be uphill.

Could you please complete this page of their form and return it to us using the enclosed pre-paid envelope in order that we may process their application.

Thank you

Helen Young
ACROSS Medical Committee Chairman

MEDICAL QUESTIONNAIRE – Your patient is liable for any fee
PLEASE PRINT CLEARLY AS THIS FORM HAS TO BE PROCESSED BY OUR ADMINISTRATION OFFICE AND MEDICAL TEAM

Patient Name:	
Address:	
Date last seen:	
Current Relevant Conditions/Diagnosis	
Past Medical History / Operations	
Recent Hospital Admissions	
Medication & Treatments: **Please supply a current computer printout if possible**	
Is your patient able to walk long distances, possibly uphill?	
History of Mental Illness *If applicable; please give date of last admission to hospital and if applicable contact details for CPN*	
History of Alcohol/Drug Misuse *(essential for insurance cover)*	

BLOCK CAPITALS OR STAMP PLEASE

Name, Address & Telephone Number of GP		Name, Address & Telephone Number of Consultant
	OR	
GP Signature		Consultant Signature
Date		Date