

PLEASE COMPLETE THE FORM CAREFULLY IN BLOCK CAPITALS

Please provide one passport-size photograph and write your name and date on the reverse

CHOICES

1st Choice Start Date _____ End Date _____

2nd Choice Start Date _____ End Date _____

3rd Choice Start Date _____ End Date _____

Disclaimer: Whilst every effort will be made to accommodate your choice of date, we cannot guarantee that any trip you may offered will be one of your choices stated above. Smile will contact you if your first choice is not available.

How many weeks would you like to go to Kosova for? 1 week 2 weeks 3 weeks*

Have you travelled with Smile/GB FIZZ before? YES NO

If so, when? Trip 1 Trip 2
DD MM YYYY DD MM YYYY

**3 week trips are only for those who have been on this mission before.*

Would you like to be considered as a GB team leader? YES NO

(GB will contact you regarding this. You must have already served on a Smile/GB FIZZ trip to Kosova in 2009, 2010 or 2011)

PERSONAL INFORMATION

GB Company and Country _____

Title _____ Forename(s) _____ Preferred forename, if different _____

Surname _____ ↓ All correspondence will be sent to this address

Postal Address _____

_____ Postcode _____

Marital status: Single Engaged Married Separated Divorced Remarried Widowed

Date of birth _____ Age on first day of trip _____ Male/Female _____

Home Tel _____ Mobile _____

Email Address _____

Do you give Smile/GB permission to share your email address with your fellow team members? YES NO

Do you have access to the internet? YES NO

I am happy to receive communication via email YES NO

Present occupation (if retired, please state retired and previous occupation):

If student, please provide name and address of College/University _____

_____ Postcode _____

Dates at this address _____

Course and year of study _____

You will be given 3 free Smile T-shirts. Size: Small Medium Large XLarge XXLLarge

EMERGENCY CONTACT DETAILS

You need to provide details of a person who can be contacted in the event of an emergency.

Contact Name & Address _____

_____ Postcode _____

Contact Telephone _____ Contact Mobile _____

Relationship to you (e.g. Mother, Sister, Friend) _____

CHURCH DETAILS

What is your religion/faith? _____ Practising Non-practising

Name of Church which you are associated with _____ Denomination _____

Address of Church _____

_____ Postcode _____

Name of Church Leader _____

Address _____

_____ Postcode _____

PASSPORT INFORMATION

Your name exactly as it appears on your passport: _____

Nationality _____ Passport No. _____

Date of issue _____ Place of issue _____ Expiry date _____

Your passport must be machine readable, have at least one blank page free, and must have 6 months left on it at the date you return from your Step Out Trip.

CRIMINAL RECORDS BUREAU (CRB) *(Also known as AccessNI in Northern Ireland, and Disclosure in Scotland)*

Do you hold an Enhanced CRB? YES NO

Disclosure Number _____ Date of Registration _____ Registered Body _____

If you have had a CRB done via the Girls' Brigade within the last 5 years, you do not need one for this trip.

PERSONAL HEALTH *Please inform us if your medical details change before the date of the trip.*

Please give details of any current health condition _____

Please list any medication you are likely to be taking during the trip and what it is for:

Please provide information if you have suffered from any of the following: Depression/Psychiatric conditions, Eating disorder or Epilepsy

Any distinguishing marks, including tattoos? _____

Are you registered disabled? YES NO If yes, please give details:

Do you have any allergies? YES NO If yes, please give details:

Do you have any special dietary requirements, e.g. vegetarian, vegan, celiac? YES NO

Please note that due to the nature of the trips it is not always possible to meet special requirements.

Do you agree to complete the Health Declaration form supplied by InterHealth? YES NO

SKILLS AND EXPERIENCE

Please provide details of any experience you have in the following areas. (No experience is necessary for any of our Smile trips but it is helpful to know what experience you have had and what you enjoy doing.)

PRACTICAL Building work Carpentry DIY Electrical Painting/decorating Plumbing

Other _____

CHILDREN & YOUTH Children's work Sports Youth work Teaching (including TEFL)

Other _____

CREATIVE Art Crafts Drama Mime Puppetry Dance

Other _____

MUSIC Singing Guitar Piano Keyboard Drums String Wind

Other _____

MEDICAL Doctor Dentist Nurse Physiotherapist First aid certificate

Other _____

OTHER Preaching Evangelism Counselling IT Computer maintenance

Other _____

GENERAL

Hobbies/Interests _____

Languages you speak and fluency _____

Countries you have visited _____

Do you have any travel anxieties, such as flying or fear of water?

What would you say your strengths and weaknesses are?

What made you apply to go on a short-term trip overseas?

Do you have any experience of developing world cultures?

Please describe any experience of working in a team environment, any challenges you have had to face and how you coped with them:

Please provide details of previous experience of team leadership, either in the UK or overseas:

CHRISTIAN FAITH AND EXPERIENCE

How long have you attended your present church? _____

Please state how and when you became a Christian:

How do you work out your Christian faith on a day-to-day basis?

Are you involved in any Christian work at present? YES NO If so, please give examples

PARENTAL CONSENT (IF UNDER THE AGE OF 18 ON THE FIRST DAY OF THE TRIP)

In the unlikely event of a medical emergency, every possible effort will be made to contact you. However we seek your agreement that your child may receive emergency medical treatment if the situation arises.

Name of Child _____

- I hereby give consent for the above-named to receive medical treatment in the event of an emergency during the trip.
- I hereby give consent for the above-named to participate in the Smile International trip and its activities, with full acknowledgment of any risks involved.
- I hereby give consent that Diana Seeney (Girls' Brigade Leader) will act *in loco parentis* in regard to the above-named for the duration of the trip.
- I hereby give consent for the above-named to be photographed or filmed in connection with the trip for publicity purposes.

Full Name of Parent/Guardian _____

Relationship to Applicant _____

Signature of Parent/Guardian _____ Date _____

DECLARATION

By signing and dating this form you agree and give your consent to Smile International processing personal data concerning you in relation to your application and that if your application is successful this data will be used for personnel and administrative purposes. We will also keep this information as part of our archive records. Such consent is required by the Data Protection Act 1998. The information you supply will also be used to keep you updated about Smile International's work, unless you advise us to the contrary in writing.

I have read, understood and accepted the information supplied and agree to abide by the Terms and Conditions (downloadable from the Smile International website).

Trip Briefing: I understand that trip briefings are compulsory and I agree to attend the Girls' Brigade/FIZZ briefing 8-10 June 2012 in Scotland. GBEF Mission Co-ordinator D Webster will contact you with further information regarding this.

Signature _____ Date _____

We set out indicative voluntary contributions (although many of our trip members may exceed this amount) which we would like each participant, as supporters of Smile International's work, to reach. If you are a tax payer, please complete our Gift Aid form below.

GIFT AID DECLARATION

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I am a UK tax payer and I would like Smile International to treat all donations I have made as well as any future donations as Gift Aid until I notify them otherwise. I understand that I must pay Income Tax or Capital Gains Tax equal to the tax that will be claimed by Smile International in that period.

Signature _____ Date _____

Please remember to ask your referees to return their forms to Smile International as soon as possible as we are not able to process your application without them. (However, if you went on a FIZZ summer trip in 2011, then you don't need to have references completed.) Reference forms may be downloaded from GB websites.

Please sign and return the following documents to Smile International:

- Application Form
- Trip Contribution Form
- Signed and dated photograph
- Donation of £50 or full trip contribution



Smile International, PO Box 3, Orpington, Kent, BR5 1WZ, UK
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www.smileinternational.org Reg Charity No. 1079730



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