

# Online: Veteran Application Form 2010: Special Offer

Niall Mellon  
Township  
Trust



ROI

## 1. Your Details

FULL NAME: (as on your passport)

PREFERRED NAME: (Abbreviated Name e.g Geoffrey to Geoff)

DATE OF BIRTH: (dd/mm/yyyy)

GENDER : Male

Female

OCCUPATION:

COMPANY NAME:

PASSPORT NUMBER:

NATIONALITY:

PASSPORT EXPIRY DATE: (dd/mm/yyyy)

N.B. Your Passport must be valid at least 3 months after the

trip return home date but we recommend 6 months. Please submit 2 photocopies of photo ID page of passport with application.

HOME ADDRESS: (All correspondence will be posted here, tickets etc.)

ADDRESS FOR CORRESPONDENCE: (if different than home)

Please state what the above address is: Work

Rental

Other (Please state)

EMAIL ADDRESS:

In order to keep our costs low, we would like to

communicate with you via email. Please tick if you access your email regularly. Yes

No

HOME PHONE NUMBER:

MOBILE:

WORK PHONE NUMBER: (Leave Blank if you do not want to be contacted at work)

## 2. Medical Details

DIETARY REQUIREMENTS: (Only medical dietary requirements will be honoured on site)

NEXT OF KIN / EMERGENCY CONTACTS: (Please list x2 people whom we should contact in the event of an emergency.)

### NEXT OF KIN 1

### NEXT OF KIN 2

NAME:

NAME:

ADDRESS:

ADDRESS:

MOBILE / HOME NUMBER:

MOBILE / HOME NUMBER:

RELATIONSHIP TO YOU:

RELATIONSHIP TO YOU:

### DOCTOR

NAME:

MEDICAL FORM: Complete Medical Form attached and return with your application form to go to our Medical Team in our Dublin office.

ADDRESS:

HEALTH CHECK FORM: You will receive a Health Check Form which must only be completed by your GP within 3 months of your departure date and returned to our Medical Team in our Dublin Office.

PHONE NUMBER:

## 3. Flights / Accommodation

(We will try our best to accommodate your group on the same flight and the same hotel but for logistical reasons it is not always possible.)

PLEASE STATE THE NAMES OF THE PEOPLE YOU WOULD LIKE TO TRAVEL IN A GROUP WITH:

(All accommodation is booked by the charity on behalf of the volunteers. Our accommodation is based on a shared twin room basis,)

NAME OF PERSON YOU WOULD LIKE TO SHARE A ROOM WITH:

(If you are travelling alone we look at your age and profile and try to match you to someone similar)

ARE YOU A:

Smoker

Non Smoker

Registration Form continued overleaf



# Medical Information for ALL volunteers.



This information will be treated as totally confidential and is for the medical team only.

<b>Volunteer Name:</b>		Contact Number:	
Date of Birth:            /            /	Normal Occupation:		
Any time off work for medical reasons in last 5 years:			
Vaccinations in last 10 years, please include dates:			
Full details of all current medication:			
Exercise taken on a regular basis?	Yes	No	
Have you had or do you have any of the following? Please tick the relevant box and give <b>FULL</b> details if yes.			
	Yes	No	Details with dates
Any admissions to hospital?			
Have you seen a doctor in the last 12 months?			
Are you waiting for any appointments with specialists?			
Are you waiting for any investigations/results?			
Fits, fainting, blackouts, epilepsy?			
Migraine or recurring headache?			
Mental ill health, or breakdown?			
Heart or circulation problems?			
High blood pressure?			
Eye disease?			

	Yes	No	Details with dates
Ear Disease?			
Skin problems?			
Any blood disorders eg; anaemia?			
Asthma, bronchitis or severe chest condition?			
Diabetes?			
Gastric or duodenal ulcer?			
Any bowel disorder?			
Jaundice?			
Kidney or bladder problems?			
Arthritis, joint problems or muscular disorders?			
Back trouble including prolapsed disc?			
Allergies to drugs?			
Any other allergies?			
Anything else you think we should know?			

Have you been on a Building Blitz before? When and in what role?

FAILURE TO GIVE FULL DETAILS MAY JEOPARDISE YOUR ACCEPTANCE ONTO THE BLITZ AND VOID YOUR INSURANCE COVER. MEDICAL ADVICE MAY BE SOUGHT FROM YOUR DOCTOR

In case of an emergency please contact:

Contact Name 01:

Phone Number:

Contact Name 02:

Phone Number:



Please return this form to: Medical Team, Niall Mellon Township Trust, Taylor's Three Rock, Grange Road, Rathfarnham, Dublin 16, Ireland.  
 Tel: + 353 1 494 8200 / Fax: + 353 1 494 8250  
 Charity Reg. No: CHY 16238

# Terms & Conditions

## SPECIAL OFFER

This offer is applicable to our veteran volunteers who have completed at least one trip. This offer is only applicable to the November Building Blitz 2010. A booking deposit of €500 must accompany the application form to guarantee the offer and place on the November 2010 Building Blitz. The charity office must be in receipt of a €500 booking deposit, a completed application form and 2 copies of your passport before the close of business on the 29th January 2010. This offer is only valid provided that the full €4,250 is lodged to your account by 16th July 2010. Failure to meet the above deadline will result in this special offer being rescinded and the full fundraising amount of €5,000 must be payable by the volunteer. Our standard Terms and Conditions also apply as per the application form. If you cancel your place on the blitz this offer is non transferable to another year. It is only applicable to November 2010 Building Blitz.

## YOUR RESPONSIBILITY

Participants must be between the ages of 18 and 65 to apply, be fit to work during the Building Blitz and must complete the medical questions on the application form. All applicants must obtain a full health certificate from their GP. Health Certificates will be supplied by the trust and must be only completed within 3 months prior to departure. Participants must inform The Niall Mellon Township Trust of any change in their medical condition that occurs after the submission of their application, including pregnancy. The Niall Mellon Township Trust reserves the right to refuse a participant if, in their sole opinion, the participant is deemed medically unfit to take part. The Niall Mellon Township Trust, any of their associated companies, their respective officers, employees or agents cannot be responsible for any damage, loss or liability arising from a failure to disclose any information relating to the health of a participant which is material to their participation. If at any stage or for whatever reason The Niall Mellon Township Trust considers you unsuitable for the challenge, it reserves the right at its absolute discretion to cancel your registration or to cease your involvement in the Building Blitz should it have commenced. Furthermore, if you commit an illegal or unlawful act, you may be excluded from the Building Blitz.

## PASSPORT REQUIREMENTS

Participants' passports must be valid for 3 months beyond the date of departure, but 6 months would be recommended. Passport control and in-country authorities will reserve the right to refuse entry.

## USE OF NAME

Participants must not use The Niall Mellon Township Trust name or their association with it, for any other purpose other than to fundraise in respect of their involvement in the Building Blitz.

## FUNDRAISING

Participants undertake fundraising activities for and on behalf of the Niall Mellon Township Trust, and as such any such funds raised and advanced to the Trust, will be retained by it and used for the purpose of facilitating its charitable works. The organization of, and/or participation in, such activities, is done so solely at the risk of the intending participant. Moreover, any authorizations, consents, insurances, required by law or otherwise in respect of such activities, are wholly the responsibility of the participant.

## INSURANCE

The Niall Mellon Township Trust provides basic travel insurance for each participant. A copy of the policy will be made available to you in advance of your departure. It is your responsibility to ensure that you are fully familiar with the cover provided by this policy and that it meets your requirements. Should you require additional cover, you are responsible for making your own arrangements for, and bearing the cost of, such additional cover. In accepting your place, you understand that you are subject to, and accept, the Terms and Conditions prescribed by the insurers. Furthermore, you fully accept that neither the Niall Mellon Township Trust, any of their associated companies, their respective officers, employees or agents, have any legal responsibility for any illness or injury that you may incur during your stay in South Africa, whether such injury or illness is caused during the Building Blitz or otherwise.

## TRAVEL

All flights and hotels will be booked by the charity, we negotiate best possible rates and our accommodation is based on a shared twin room basis. Due to the number of volunteers travelling flights may have to depart over 2 days and we will require you to be flexible in your travel. It is your responsibility to make sure you have all the travel documents you need at the time of travel to and from Cape Town: passport, tickets and travel insurance. If you don't have the right documentation you could be barred from getting on the plane and may not be entitled to a refund or travel on a future flight. The charity cannot take responsibility for people who are late for check in, forget their tickets or passport or travel with an out of date passport. It is up to you the volunteer to read all documentation carefully before you depart. Please inform the charity of your Next of Kin details for the duration of the blitz. It is your responsibility to inform the charity if the next of kin details change from the time of completing the application.

## DATA PROTECTION/CONSENT TO USE

Information you supply may be used by us, or by our agents and / or service providers, for the purposes of your participation in the Building Blitz. We may share your personal data with our agents and / or service providers, and in so doing, may transfer information containing such data outside EU territory. Furthermore, we may need to obtain sensitive data relating to you, such as information concerning your medical status. By virtue of your participation in the Building Blitz and in providing us with your personal data, you consent to all such information provided to us (including information relating to sensitive data) being so used, processed, disclosed, transferred and / or retained. Where you are providing personal data to us on behalf of another participant, you warrant and represent to us that, in respect of any such personal data which you provide, you have the authority of that participant to disclose such data to us, under the conditions and for the purpose set out above and, to give the requisite consents on behalf of any such participant. Should you submit to us, photographs taken during your participation on the Building Blitz, or write to us about your experiences on the Building Blitz, you consent to such photographs and/or correspondence being used, and/or retained by the Niall Mellon Township Trust. In giving such consent, your right of ownership to such Intellectual Property remains unaffected. By signing the application form, you are confirming that you have read and understood the Terms and Conditions and to the best of your knowledge, your general state of health is good and that you take full responsibility for yourself.

## CANCELLATION

In the event that an intending participant is unable, for whatever reason, to participate in the Building Blitz it is understood that any sums submitted in respect of such participation will be retained by the Niall Mellon Township Trust exclusively for its benefit. The Niall Mellon Township Trust may, at its absolute discretion, offer any such participant a place on a future Building Blitz. In such circumstances any monies raised by the said participant in respect of the initial Building Blitz, may at the absolute discretion of the Niall Mellon Township Trust, be offset against their fundraising requirements in respect of such future Building Blitz programme, less any expenses incurred up to the date of cancellation.