



# BRECKNOCK YFC MEMBERSHIP FORM

Please complete this form in **BLOCK CAPITALS** and return it to your Club Treasurer with your membership fee and passport sized photograph.

(This form is also to be completed and returned if renewing membership.)



## County Federation details:

Brecknock Federation of Young Farmers' Clubs  
Neuadd Brycheiniog, Cambrian Way, Brecon, Powys, LD3 7HR  
Tel: 01874 612207 Fax: 01874 612389 E-mail: brecknock@yfc-wales.org.uk  
Website: [www.brecknockyfc.co.uk](http://www.brecknockyfc.co.uk) Registered Charity No. 523688

\*\*\* If your details change in any way please contact the County Office to amend ASAP \*\*\*

\*Compulsory Fields, if these are not completed the database will not accept your details and your membership form will be returned.

FOR OFFICE USE ONLY	
Membership No.:	03 - _____ - _____
Input on database:	_____
Card issued:	_____
Sent to:	_____
Replacement card issued:	_____

\*Club \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

\*Age at 1<sup>st</sup> September 2011 \_\_\_\_\_

Please tick which category applies to you as at 1<sup>st</sup> September 2011

Junior (10-16)                       Intermediate (17-21)

Senior (22-26)                       Assoc. Member (26+)

\*Welsh speaking?  Yes  No  Learner

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Work/Daytime Phone \_\_\_\_\_

Fax \_\_\_\_\_

Emergency Number \_\_\_\_\_

Male                       Female

Mr/Mrs/Miss/Ms \*First Name \_\_\_\_\_

Middle Initial(s) \_\_\_\_\_ \*Surname \_\_\_\_\_

Preferred name (if different from First name) \_\_\_\_\_

\*House name \_\_\_\_\_

\*No. & Road/Street \_\_\_\_\_

Village \_\_\_\_\_

\*Town \_\_\_\_\_

\*County \_\_\_\_\_

\*Post Code \_\_\_\_\_

Email \_\_\_\_\_

## \*Occupational Sector (Please tick box to the **left** of the one which most closely matches your field of employment)

<input type="checkbox"/> Accountancy	<input type="checkbox"/> Electrical	Farming:	<input type="checkbox"/> Food/Catering	<input type="checkbox"/> Medical	<input type="checkbox"/> Self Employment
<input type="checkbox"/> Agricultural Allied	<input type="checkbox"/> Electronic Engineering	<input type="checkbox"/> Forestry	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Student
<input type="checkbox"/> Building	<input type="checkbox"/> Equine	<input type="checkbox"/> Mixed	<input type="checkbox"/> Insurance	<input type="checkbox"/> Police/Security	<input type="checkbox"/> Teaching/Lecturing
<input type="checkbox"/> Civil Engineering	Farming:	<input type="checkbox"/> Pigs	<input type="checkbox"/> Legal	<input type="checkbox"/> PR/Media	<input type="checkbox"/> Training
<input type="checkbox"/> Clerical	<input type="checkbox"/> Arable	<input type="checkbox"/> Poultry	<input type="checkbox"/> Leisure/Sport	<input type="checkbox"/> Sales	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Computers/IT	<input type="checkbox"/> Beef	<input type="checkbox"/> Sheep	<input type="checkbox"/> Marketing	<input type="checkbox"/> School	<input type="checkbox"/> Veterinary
<input type="checkbox"/> Decorating	<input type="checkbox"/> Dairy	<input type="checkbox"/> Floristry	<input type="checkbox"/> Mechanical engineering		
<input type="checkbox"/> Other, please specify _____					

## Hobbies and Interests (Please tick box to the **left**)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Crafts	<input type="checkbox"/> Field Sports	<input type="checkbox"/> Music	<input type="checkbox"/> Rural Issues	<input type="checkbox"/> Travel
<input type="checkbox"/> Charity Work	<input type="checkbox"/> DIY	<input type="checkbox"/> Flower Arranging	<input type="checkbox"/> Outdoor Pursuits	<input type="checkbox"/> Sport	<input type="checkbox"/> Water Sport
<input type="checkbox"/> Computers/IT	<input type="checkbox"/> Environmental/Wildlife	<input type="checkbox"/> Horse Riding	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Theatre/Arts	<input type="checkbox"/> Working Overseas
<input type="checkbox"/> Conservation	<input type="checkbox"/> Fashion	<input type="checkbox"/> Livestock	<input type="checkbox"/> Pubs/Eating Out	<input type="checkbox"/> Training	
<input type="checkbox"/> Other, please specify _____					

## Ethnic Background

'Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. The Information Commissioner recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Young people aged 16 or over can make this decision for themselves.' (www.standards.dfes.gov.uk)

Ethnic Background continued overleaf ....

**Ethnic Background, continued ...**

Please study the list below and tick one box only to indicate your ethnic background.

- |  |  |
|--|--|
| <input type="checkbox"/> White (including British, Irish, any other white background)  | <input type="checkbox"/> Chinese   |
| <input type="checkbox"/> Mixed (including White and Black Caribbean, White and Black African, White and Asian, any other mixed background) | <input type="checkbox"/> Black or Black British (including Caribbean, African, any other Black background) |
| <input type="checkbox"/> Asian or Asian British (including Indian, Pakistani, Bangladeshi, any other Asian background)                     | <input type="checkbox"/> Other Ethnic Group  |
|  | <input type="checkbox"/> Do not wish to answer   |

**Disability**

Under the Disability Discrimination Act (DDA) a disability is defined as physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you have a disability?  Yes  No

If yes, please tick the relevant box below:

- |   |  |
|---|--|
| <input type="checkbox"/> Blind/Partially sighted                      | <input type="checkbox"/> Deaf/Hearing Impairment               |
| <input type="checkbox"/> Dyslexia                                     | <input type="checkbox"/> Learning Disabilities                 |
| <input type="checkbox"/> Mental Health Difficulties                   | <input type="checkbox"/> Multiple Disabilities                 |
| <input type="checkbox"/> Personal Care Support                        | <input type="checkbox"/> Unseen Disability (e.g. diabetes)     |
| <input type="checkbox"/> Disability not listed above, please specify: | <input type="checkbox"/> Wheelchair User/Mobility Difficulties |

Should you wish to provide additional information please do so in the space provided:

**Medical**

Do you have any medical conditions that we should be made aware of? If so please state: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**USE OF YOUR DETAILS**

- Information provided by you will be held on a database at the County YFC Office and the National Federation of Young Farmers' Clubs. NFYFC will not pass any information held on their database to any other organisation but details of products and services provided by them for your benefit may be promoted through the normal NFYFC mailing systems. If you do not wish to receive these mailings, please tick the box.
- If you do not wish your details to remain on our database once your membership of YFC expires please tick the box.

**CHILD PROTECTION POLICY** (\*\* If UNDER 18 please ensure that your parent or guardian completes and signs this section\*\*)

**MEDICAL/DISABILITY**

Does your son/daughter have any disability or medical condition that we should be made aware of? If so please state: \_\_\_\_\_

**PARENTAL CONSENT**

Our activities will from time to time involve transporting Junior Members (U16) safely and with the greatest of care. The Federation and its members will in most cases avoid your child travelling alone with an older member. However, there may be occasions when this situation is unavoidable, but the other members will be aware of these travel arrangements.

**PHOTOGRAPHS**

From time to time photographs are taken of members during competitions or activities, as a record of the event or for publicity purposes, these may appear in the press or on the website, if you **do not** wish your child to have photographs taken at YFC events please tick the box.

**DECLARATION**

I give permission for my child to participate in club meetings and specific activities (which you will be notified of) and allow YFC members to be responsible for the travel arrangements for my child on YFC activities.

I give permission in the case of an emergency for my child to receive medical treatment without my direct consent.

Parent/Guardian Name (In BLOCK CAPITALS): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In signing this form you are agreeing to allow your child to participate in lawful activities organised at Club, County or National level, any falsification of the signature would deem the insurance cover and membership void.**

<p style="text-align: center;"><b>Club Treasurer Receipt</b></p> <p>Members name _____</p> <p>Amount paid £ _____</p> <p>Date _____</p> <p>Treasurer Signature _____</p>	<p style="text-align: center;"><b>Member Receipt</b></p> <p>Members name _____</p> <p>Amount paid £ _____</p> <p>Date _____</p> <p>Treasurer Signature _____</p>
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