



In conjunction with
WARRINGTON
 Borough Council

Application Form (Individual)



Please note: Application form relates to the child, young person and not the parent/carer.
 Confirmation of allocated days, dates, times and venue will be finalised and a confirmation letter sent to parent/carer.

ESSENTIAL INFORMATION

Name of User			
Name known by (pet name etc.)			
Date of Birth		Age:	
Gender (Collecting to ensure correct allocation of staffing)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/> Other <input type="checkbox"/>
Home Address	Post Code:		
Home number of parent/carer			
Mobile number of parent/carer			
Emergency contact 1 Name Relationship Contact number			
Emergency contact 2 Name Relationship Contact number			
Our main form of communication will be via e-mail. If you have an email address, please provide it below (If not we will post a copy of the information to you)			
E-mail address			

DISCLAIMER (To be completed by parent/guardian/carer)

Your data will be stored on a secure membership holiday database for use by The Play & Sensory Centre. Information will be shared with Warrington Youth Club for the purpose of providing this holiday club.

I give consent for the following to be used for marketing and advertising purposes in order to promote the holiday club in the future for further school holiday sessions:

Photographs **YES / NO**

Are you happy for your child/young person's picture to be uploaded and used on any of the following:

- | | |
|--|-----------------|
| Warrington Play & Sensory Website (including Facebook) | YES / NO |
| Warrington Youth Club Website (including Facebook) | YES / NO |
| WARPAC Website (including Facebook) | YES / NO |
| OLLIE Website (including Facebook) | YES / NO |
| Warrington Families First Website (including Facebook) | YES / NO |
| Families United Website (including Facebook) | YES / NO |

I give consent for child/young person to take part in the following:

External activities **YES / NO**

Offsite trips **YES / NO**

For more information on how the Council uses your data, please see our privacy notices on the Council's website:- https://www.warrington.gov.uk/privacy_policy

Name:		Date:	
Signature:			
Relationship to the Child/young person:			

GETTING TO KNOW YOUR CHILD/YOUNG PERSON

What do they enjoy?

What are they good at?

Do they have a favourite toy/comforter?

If yes what is this?

How do we know if they are happy?

How do we know if they are distressed?

How does your child communicate, ie verbally, symbols, Makaton, communication app?

Do they have any particular fears?

What can we do to help settle them in?

What activities do they like at home?

What activities do they like in the community?

DISABILITY INFORMATION

Please state all the applicant's disabilities:

Autistic Spectrum Disorder	<input type="checkbox"/>	Profound and Multiple Learning Difficulties	<input type="checkbox"/>
Behavioural/Emotional Difficulties	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Complex Medical Needs	<input type="checkbox"/>	Severe Learning Difficulties	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Speech, Language & Communication Needs	<input type="checkbox"/>
Moderate Learning Difficulties	<input type="checkbox"/>	Specific Learning Disabilities	<input type="checkbox"/>
Physical Disabilities	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>

Any allergies, please state:
Any other difficulties, please state:
Please explain the medical diagnosis if known:
Do they use and aids e.g. leg splints, walking frame?
Do they have any needs for eating /drinking? e.g. tube fed, specialist equipment, support to eat
Do they have any toileting needs?
Any other information you feel is relevant to know in order to best support participation, please state:

ASSESSMENT INFORMATION
Has your child/young person had an assessment within social care regarding support packages? Yes / No
Do you have a social worker / family practitioner? Yes / No If yes please provide name and contact number:
Do you employ a P.A? Yes/ No Your P.A will be expected and required to attend holiday club Name of PA/PA's
Do you receive direct payments? Yes / No If yes please provide description of package:
Do you receive mobility as part of your DLA? Yes/ No
Do you have a mobility car? Yes / No
Do you have your own transport? Yes /No
N.B Transport will not be provided, this information is for evaluation purpose only.
Is your child/young person entitled to free school/college meals? Yes /No
Will the child/young person need to take any medication during holiday club and if so what is the medication and who will administer the medication?
N.B Please note that holiday club staff will not administer any medication.

DAYS & DATES REQUIRED

(We are planning for child/young person with high complexity of need to be accommodated Mon, Tues and Wed)

	Monday	Tuesday	Wednesday	Thursday
W/C 29th Jul 2019				
W/C 5th Aug 2019				
W/C 12th Aug 2019				
W/C 19th Aug 2019				

If you have any holidays or commitments and are unavailable to take part on any days please indicate with an X as this will help with allocation of days and to provide a fair allocation to all.

We ask that your child brings a packed lunch with them when they attend our scheme which should include a morning and afternoon snack.

OFFICE USE ONLY:

Group Allocation:				
Days Allocated:				
	Monday	Tuesday	Wednesday	Thursday
W/C 29th Jul 2019				
W/C 5th Aug 2019				
W/C 12th Aug 2019				
W/C 19th Aug 2019				
Additional comments:				

Receipt of DLA/PIP	<input type="checkbox"/>	Receipt of social care services	<input type="checkbox"/>	Receiving services from CDC (u5's only)	<input type="checkbox"/>
EHCP	<input type="checkbox"/>	Other: Please state:			<input type="checkbox"/>