

CCHF All About Kids ACTIVITY BREAK APPLICATION FORM

Please print and complete this form **IN BLOCK CAPITALS** and then return it to:

The Referral Liaison Coordinator, CCHF All About Kids,
 STAFFORD HOUSE, 91 KEYMER ROAD, HASSOCKS, WEST SUSSEX, BN6 8QJ.
 Tel: 01273 847767 Email: kathryn@cCHF-allaboutkids.org.uk
 Mobile: 07872824184. www.cCHF-allaboutkids.org.uk
 Fax: 01273 841993



cCHF allabout**KIDS**

SECTION 1 : TO BE COMPLETED BY THE PARENT, GUARDIAN OR REFERRER

Child/YP's full name:	
Parent/Carer's name:	
Relationship to child:	
Child/Young Person's address:	
	Postcode:
Child's email: (optional)	Child's mob: (optional)
London borough:	
Parent/Carer Telephone:	Day: <input type="text"/> Eve: <input type="text"/>
Parent/Carer Mobile:	Email: <input type="text"/>

Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Date of birth:	<input type="text"/>		
Age:	<input type="text"/>		
Child/YP's ethnic origins:	<input type="text"/>		
Emergency contact name: (Someone else if you are unobtainable)			
<input type="text"/>			
Emergency telephone number:			
<input type="text"/>			

THE COST OF OUR ACTIVITY BREAKS

PARENTAL CONTRIBUTION:

£30 per Activity Break
£15 per Weekend Break

REFERRAL ORGANISATIONS:

£60 per Activity Break
£30 per Weekend Break

**REDUCED RATE FOR
 OFF-PEAK FEB, OCT & DEC
 ACTIVITY BREAKS:**

£15 PARENTAL CONTRIBUTION
£30 REFERRAL ORGANISATIONS

PAYMENT

IF PAYMENT IS RECEIVED WITH THIS FORM, AN ACTIVITY BREAK PLACE WILL BE GUARANTEED IF THE CHILD MEETS OUR CRITERIA AND VACANCIES ARE AVAILABLE.

Amount enclosed: £

If no money is enclosed, please tell us when you can make the payment.

Date

Please let us know by telephone or email if you need to make other arrangements.

If payment is to be made by Referrer, what is the amount to be invoiced:

£

BREAKS REQUESTED:

N.B. IN ORDER TO PROVIDE ON-GOING CONTACT, CHILDREN WILL BENEFIT FROM VISITING US AT LEAST TWICE PER YEAR, e.g. one Activity Break and one Weekend Break

Activity Break Code
<input type="text"/>

Weekend Break Code
<input type="text"/>

SECTION 2: THIS INFORMATION IS CRUCIAL FOR US TO BE ABLE TO ASSESS THIS APPLICATION AND ALLOCATE AN APPLICABLE BREAK

The child/young person is eligible for this break if they have no other chance of a break and if you are on a low income.

Please give specific details in this section as to why your child/young person needs this break and use an additional sheet if necessary: or please enclose a copy of relevant benefit evidence. Please attach further information if necessary.

The SUPPORTING DECLARATION must be signed on page 2 by a Doctor, Social Worker, Community Worker, School Staff, Play worker or similar.

PUBLICITY AGREEMENT: *To be read and signed by Parent/Guardian*

In order to help with our work, CCHF All About Kids will use photos & stories of the children/YP who attend a CCHF All About Kids activity break or weekend break. We will use these to help fundraise, raise awareness and promote the activity breaks to other children/YP, or for other purposes we deem necessary. We will, where possible, contact you prior to the release of any such work.

By signing this authorisation form, you acknowledge that you have read, understood and agree to the conditions of the Publicity Agreement. If you are in any doubt, please contact us.

I AGREE DO NOT AGREE Signed:

How did you hear about us?

Friend Colleague

Leaflet Organisation

School Newspaper

Website Other (*please specify*)

.....

SECTION 3 : CHILDREN & YP's MEDICAL AND CONFIDENTIAL INFORMATION

Doctor's name:

Practice/Health Centre name:

.....

Tel:

PLEASE ASSESS THE CHILD/YOUNG PERSON'S GENERAL BEHAVIOUR AND TICK THE MOST APPROPRIATE BOX:

Behavioural/emotional issue	Never	Sometimes	Often
Difficulty sleeping /getting to sleep			
Bed wetting			
Likely to "run off"			
Gets aggressive when angry			
Gets Homesick			
Difficulty accepting instructions			
Other (<i>please specify</i>)			

DOES THE CHILD/YP HAVE ANY SPECIFIC MEDICAL CONDITION?

Asthma Eczema Epilepsy Diabetes

Fits/convulsions Sight Hearing

Other (*please specify*) Allergies (*please specify*)

DOES THE CHILD/YP HAVE ANY SPECIFIC DIAGNOSED CONDITIONS THAT MAY AFFECT THEIR BREAK?

ADHD Asperger's Syndrome Dyspraxia Other

DOES THE CHILD/YP HAVE ANY SPECIFIC DIETARY REQUIREMENTS?

Halal Vegetarian No Dairy Other

SECTION 4: Permission for administering non-prescription medicines to children/YP

It may be necessary to give any of the following medicines, or other brand equivalent, to your child/YP whilst he/she is on a CCHF All About Kids Activity Break. **PLEASE CROSS OUT ANY MEDICINE YOU DO NOT AUTHORISE AND SIGN BELOW.**

- | | | |
|--|----------------------------------|---|
| ◆ Calpol | ◆ Arnica (for bruising) | ◆ Insect repellent and treatment cream |
| ◆ Paracetamol (dosage as on instructions) | ◆ Cough medicine/throat lozenges | ◆ Diocalm (for diarrhoea) |
| ◆ Nurofen (dosage as on instructions) | ◆ Antiseptic cream | ◆ Senecot or similar (for constipation) |
| ◆ Aspirin (dosage as on instructions) | ◆ Eye wash | ◆ Plasters (non-allergenic) |
| ◆ Calomine lotion (for sunburn and rashes) | ◆ Aloclair (for mouth ulcers) | ◆ Travel sickness pills |

DECLARATION **This section is compulsory, applications will not be accepted if not completed**

Parent declaration: I confirm that the details entered are correct and I agree to abide by the Conditions, which I have read and understood. I hereby give my permission for my child/YP to have emergency, medical surgical or dental treatment organised by the person or body having care of my child/YP at the time. **My child/YP will not receive a break this year, other than those provided by CCHF All About Kids**

Parent/Carer name: Parent/Carer's signature: Date:

IN CAPITALS PLEASE

Referrer's name: Referrer's organisation:

IN CAPITALS PLEASE

Referrer's address: Referrer's email:

IN CAPITALS PLEASE

Referrer's telephone:

Referrer's signature: Date of signature:

DOCTOR, SOCIAL WORKER, COMMUNITY WORKER, SCHOOL STAFF, PLAY WORKER OR SIMILAR