

**Application for Littles Week 2017**

**Monday 31<sup>st</sup> July - Friday 4<sup>th</sup> August**

age 5-7 years

**Important – Please read first**

Our activity weeks are for children and young people with speech, language and communication needs. They are designed to increase the children's confidence and their sense of achievement. Some activities are energetic and others encourage turn taking and co-operation. We want children to attend Littles Week who will benefit from these activities, so we expect them to follow some simple instructions, be willing to try things (with encouragement from the helpers) and normally be able to indicate when they have a problem.

We aim to have a mix of children with differing abilities and from a range of school placements including mainstream and special needs schools. We assess each child's suitability for activity weeks based on information given on this form and discussion with parents/carers if needed. Occasionally a child may not be suitable for our activity weeks due to their particular needs. Our helpers are volunteers and are not trained in personal care or physical restraint. Our leaders may deal with occasional personal care requirements, but cannot do this frequently. Our leaders may also deal with one-off challenging behaviour, however we cannot allow a child to continue attending the week if their behaviour continues to affect the other children or is disruptive to the group as a whole.

We ask for the information to gain the best possible understanding about your child's individual needs and abilities. We ask you to answer all sections as honestly as possible. Please complete the whole form as their behaviours, emotions and difficulties can change from year to year. We are happy to contact you if there are further details or issues you would like to discuss in person. We will ask new children to come to one or two of our Friday Clubs so we can get to know them better.

We want to look after participants in the best possible way and we use the information you provide to help us do this. We decide which volunteer helper is paired with each child based on the details you give us, and it is useful if you include strategies that you find helpful in particular situations. We need good information to make good decisions. Feel free to attach anything else that may be relevant, such as speech and language reports.

**Please complete the whole form**

**Then return it following the **instructions overleaf****

**Please keep this page for reference**

### Returning your Application

#### You can send your application form and photo:

- by post to Martin Trenaman, 9 Garden Close, Banstead, SM7 2QB  
**or**  
by email to [trenamans@talktalk.net](mailto:trenamans@talktalk.net)  
**or**  
via Friday Club put in an envelope and place it in the "Activity Week" box at Friday Club

#### You can pay your deposit of £50:

- by cheque make payable to "North Surrey Afasic" and send with the application form.  
Please write your child's name on the back of the cheque.  
**or**  
by online payment  
Pay online to NatWest account **66359627** sort code **60-08-01**.  
So we can identify your online payment your reference must include:  
(1) Littles, Middles or Seniors AND (2) the participants name or date of birth.  
Also please send an email to tell us when you have made a payment to:  
[trenamans@talktalk.net](mailto:trenamans@talktalk.net)

#### Application checklist

Application form	by post	<input type="checkbox"/>	via FC	<input type="checkbox"/>	by email	<input type="checkbox"/>
Photograph (if supplied)	by post	<input type="checkbox"/>	via FC	<input type="checkbox"/>	by email	<input type="checkbox"/>
Deposit payment	by post	<input type="checkbox"/>	via FC	<input type="checkbox"/>	online	<input type="checkbox"/>
					+ email	<input type="checkbox"/>

### Paying the Balance

A detailed programme with instructions and a reminder for the balance due is sent 6 weeks before the activity week. If you prefer to pay in instalments, instead of a single final payment, then we suggest the schedule below. You can tick the boxes to record your payments:

Payment schedule (Littles)	£50 deposit	<input type="checkbox"/>	£50 (22 May)	<input type="checkbox"/>	£50 (26 June)	<input type="checkbox"/>
<b>or</b>						
deposit & one final payment	£50 deposit	<input type="checkbox"/>			£100 (26 June)	<input type="checkbox"/>

Please make payments by cheque or online and follow the instructions as above for the deposit.

### Concessions

We have some concessions for low income families as we do not want a child to miss out on an activity week because of the cost, **so if full payment is a problem**, please contact Holly Nash on 07752 401692 or by email to [hollyashby84@hotmail.co.uk](mailto:hollyashby84@hotmail.co.uk)

Name \_\_\_\_\_

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

School / College \_\_\_\_\_

School Year Group or Course \_\_\_\_\_

### Previous Afacic Activities and Friday Clubs

Has she/he been on an **Afacic activity week** before?  y **yes**  2016  2015  earlier  
 If yes, please tick the most recent year & group  n **no**  Littles  Middles  Juniors

Has she/he come to our **Friday Clubs**?  y **yes**  2017  2016  earlier  
 If yes, please tick the most recent  n **no**

For children **new** to afasic activities please provide, if you can, contact details for a teacher/relevant person at your child's school, whom we may contact to discuss strategies.

Name / Position / Contact information

### Communication Difficulties

What kind of speech and language difficulty does your son or daughter have?

Do they have a medical diagnosis (e.g. ASD, ADHD)?

Does your son or daughter use any kind of alternative/augmentative communication system, e.g. signs, symbols? If so, please describe.

### Medical Information

Do they have any other relevant medical conditions, e.g. asthma, diabetes?

Has she/he any food allergies or fads? Please give details.

Has she/he any other allergies, including sticking plasters, penicillin?

Please give details of any specialised treatments or recurrent illnesses; any medication currently prescribed with dosage information.

Name \_\_\_\_\_

**Abilities**

Can your son or daughter swim?  
If not, is she/he happy in water?

Can she/he cope with energetic physical activity? If not, what help is needed?

Can she/he cope independently with dressing and toilet?  
If not, what help is needed: - reminding?  
instructing? assisting?

Do they use nappies or pull-ups in the day?

**Behaviour and Strategies**

How does your son or daughter's condition affect their everyday life?

Are there specific situations she/he has difficulty coping with?

Please describe useful strategies and the situations where they help.

**Other Information**

Do you feel that your child has a strong preference for a male or a female helper?

no strong preference

female

male

Details of siblings, pets, hobbies and any similar information that you want to tell us.

Name \_\_\_\_\_

### Emergency Medical Treatment

I agree to my son or daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present and I give authority to North Surrey Afasic or an agent on their behalf to consent to such treatment if any delay to obtain my signature is considered inadvisable by the Doctor or Surgeon concerned.

Please note that sun cream will be applied by the links or leaders when necessary.

Signature (parent/guardian\*) \_\_\_\_\_ Date \_\_\_\_\_

*\* participants over 18 can sign for themselves  
If you do not wish to give consent, do not sign here*

### Photographs

I give my consent to Afasic to take and use photographs of my son or daughter in Afasic publications, promotional material and presentations without further approval or consent from me.

Signature (parent/guardian\*) \_\_\_\_\_ Date \_\_\_\_\_

*\* participants over 18 can sign for themselves  
If you do not wish to give consent, do not sign here*

To add consent to use photos on Afasic web pages, please initial here or type yes \_\_\_\_\_

### Liability Statement

These Activity weeks are being organised by the North Surrey branch of Afasic, an integral part of the national Afasic organisation, which is a registered charity (number 1045617) and a company limited by guarantee.

It should be noted that some elements of the activities are adventurous and involve a degree of personal risk, and by participating in these Activity weeks, this is acknowledged by the leaders, helpers, links, participants aged 18 or over, and parents on behalf of participants under 18.

North Surrey Afasic checks the risk assessments of the various venues and centres used for the activities and overnight stays and checks that public liability insurance cover is in place. All of this information is supplied to Afasic's own insurers, who also have public liability cover of £5 million in place.

North Surrey Afasic takes out a policy extension for the residential weeks that includes holiday cancellation cover. This is only in force once we take out the policy extension and that is only after we have the names of all attendees. The cancellation cover does not refund the first £50, i.e. the deposit.

It should be noted that North Surrey Afasic's officers, committee members, organisers, leaders, helpers and links cannot take personal liability beyond the responsibility of Afasic as an organisation for any acts or omissions in relation to these Activity weeks.

I understand and accept the above liability statement.

Signature (parent/guardian\*) \_\_\_\_\_ Date \_\_\_\_\_

*\* participants over 18 can sign for themselves*

Name \_\_\_\_\_

**Parent / Guardian**

Name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

email \_\_\_\_\_

*this will be used to keep you informed about the progress of your application*

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

**Young Person's GP**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photograph** Please provide a photo of your child if you can. Thank you.

**Submit Application** Please return your application form, photograph and deposit of £50 by post, email or via the box at Friday Club. See the reverse of the cover page for instructions.