

**Croydon Councils Disability Youth Project
14-18 year olds Summer Scheme Project 2018
Based at Bensham Manor School, Eccelsbourne Road, Thornton Heath, CR77BN**

07990790183 Paul.funnell@croydon.gov.uk
07740531279 wayne.stevens@croydon.gov.uk

Dear young person, parent/carer,

We are pleased to offer you a space on our summer programme for young people aged 14-18 with disabilities, autism and additional needs. This is to be held at Bensham Manor School. Each day will run from 9.30am to 4pm. This programme of activities is a basic guide, but please be assured there will be other things on offer to suit all interests, abilities and needs.

Daily you may be taking part in sports such as football, basketball and other inclusive sports and team games. Please ensure that you wear clothing appropriate to the activities. Trainers and socks are needed for all sports and we advise no jeans. Other activities included are, arts and crafts, games consoles (time limited), cooking, playground, music, and sensory room. During your week you will also get the opportunity to go offsite to Frylands Wood. Here you will cook around the camp fire, explore and build camps and make woodland crafts, as well as taking part in an archery session. Please ensure you bring appropriate clothes for the woods. No sandals are to be worn. We advise old trainers, combats or tracksuit bottoms. If not before you will be allocated your Forest Project group on the Monday afternoon of the scheme. **We positively encourage everyone to take part in these challenging and exciting activities but will not force anyone who does not wish to participate. Staff will make an assessment of a young person's needs/behaviour as to whether they can attend these trips. We try to be as inclusive as much as the woods access allows us.**

It would be beneficial to us if daily your child's clothes and packed lunch boxes/bags have a name on them.

We cannot offer 1:1 care but carers are welcome to attend and support individuals if an up-to-date DBS is presented on the first day of the scheme. Please note there are basic changing facilities available at Bensham Manor School but we are trained in moving and handling and personal care and are also able to administer medication if required.

Ratios of staff to young person will be 1:5 and the team are experienced in this field of work.

**The cost of the scheme is £12 per day (£60 week). A cheque made payable to Croydon Council should be returned with consent forms by July 18th to – Croydon Council- 14-18 year old Summer Project, Waddon Youth Centre, 85 Waddon Way, Croydon, CR04HY. Alternatively completed forms can be emailed to wayne.stevens@croydon.gov.uk
Please do not send forms to Bensham Manor School**

We are no longer able to accept payments by cash so if you do not hold a cheque book and wish to make a payment by debit card please contact Adam Bigden (Wednesday only) on :-
020 8726 6000 Extension- 60832

Places are very limited so please respond by the date above. Do not hesitate to contact myself or any of the team with any questions or queries about the summer scheme and for suitability of placement for your child. Please ensure you add your email on the consent form, please also fill in the relevant information (add separate sheets if necessary) and sign it. This will be your confirmation of a place for your child.

Do not let the cost of the scheme affect your child attending. If payment is an issue please contact Paul Funnell as we work on a case by case basis.

Paul Funnell – Youth Disability Team Manager
Please note we are a nut free project due to allergies
Please over for daily programme

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	Description of activities	Arrival and pick up times at Waddon	Cost	Items to bring
Monday 5 th August	Registration day Palace Football coaching Arts and Crafts Music Games Consoles Cooking Plus more....	9.30am until 4pm Frylands Wood groups will be allocated at the end of this day	£12	Packed lunch, drinks Sports clothing, trainers
Tuesday 6 th August	Football coaching Frylands Wood, (group1) Arts and crafts Cooking Music Plus more.....	9.30 am until 4pm	£12	Packed lunch, drinks Sports clothing, trainers A change of clothes, old trainers (group 1)
Wednesday 7 th August	Football coaching Frylands Wood (group2) Arts and crafts Cooking, Music Plus more.....	9.30 am until 4pm	£12	Packed lunch, drinks Sports clothing, Trainers A change of clothes, old trainers(group 2)
Thursday 8 th August	Frylands Wood (group3) Football coaching Cooking Nail Art Music Plus more.....	9.30am until 4pm	£12	Packed lunch, drinks Sports clothing, and trainers
Friday 9 th August	Football coaching Art and crafts Cooking, music End of week sports match - young people v staff	9.30am until 4pm	£12	Packed lunch, drinks Sports clothing and trainers A change of clothes, old trainers (group 3)

This programme of activities is a basic guide, but please be assured there will be other things on offer to suit all interests, abilities and needs. We have many arts and craft activities, musical instruments, sensory toys and activities, multi sports equipment and board games.

Daily you may be taking part in sports such as football, basketball and other inclusive sports and team games. Please ensure that you wear clothing appropriate to the activities. Trainers and socks are needed for all sports and we advise no jeans. Other activities included are –playground, games consoles (time limited), cooking, music, and sensory room.

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14-18 Year Old Summer Scheme 2019 GDPR Consent Form

REGISTRATION FORM

PERSONAL DETAILS

Name (of young person): _____ DOB: _____

Address: _____

_____ Postcode: _____

Gender: _____ Ethnicity: _____

Tel No: _____ Mobile No: _____

Work Tel No: _____ Contact Email Address: _____

Parent/Carers Name: _____ Relationship to child: _____

Address (if different): _____

Postcode: _____ Name of School/College: _____

EMERGENCY CONTACT DETAILS

Please provide TWO separate names, addresses and telephone numbers of people we can contact in an emergency:

Name: _____ Name: _____

Address _____ Address: _____

Tel No: _____ Tel No: _____

Relationship to child: _____ Relationship to child: _____

MEDICAL INFORMATION

Doctors Name: _____ Tel No: _____

Surgery Address: _____

_____ Postcode: _____

Does your child have a physical disability? delete as appropriate
YES / NO

If YES, please specify: _____

Does your child use a wheelchair? NO/ELECTRIC / MANUAL

Does your child have a learning disability? YES / NO

If YES, please specify: _____

Does your child have a sensory impairment? YES / NO

If YES, please specify: _____

Does your child require medication? YES / NO

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If YES, please state details and dose: _____

Does your child suffer from Epilepsy? YES / NO

If YES, please state details: _____

Can your child be exposed to strobe lighting? YES / NO

Does your child require support with toileting or personal care YES / NO

If YES, please state details: _____

Does your child have special dietary requirements or any allergies (e.g. food, materials etc)? YES / NO

If YES, please state details: _____

COLLECTION OF PARTICIPANT

Please list below the names of those who are authorised to drop off and collect your child:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

OTHER INFORMATION

Can your child swim over 10m without a swimming aid? Please delete as appropriate

YES / NO

Do you give permission for staff to photograph and video your child which may be used for displays or publicity material? YES / NO

The images maybe used on the council website, and in any other printed publications produced by the council or our partners. Croydon Council, or our partners, will not use the personal details or names (first name and surname) of any child, young person or adult in a photograph on their websites or in any of our printed publications. If photographs/videos of individual children, yp or adults are used Croydon Council, or their partners, will not use the name of that child in the accompanying text or photo/video caption. If the child is named in the text, Croydon Council, or their partners, will not use a photograph/video of that child, yp or adult to accompany the article. Please note, that if photographs/video are taken by the local press/media or parents/guests, Croydon Council will not have control of these images.

GDPR

The 0-25 SEND Disability Youth Project currently sends out emails through or from project team members, our 'Upshot' list of Parents/Carers and our Croydon Disability Youth Project Team members.

Individuals now need to confirm their wish to consent to being on any organisations mailing list, and how the data held about them is used. By Signing this form you Authorise Waddon 0-25 SEND Disability Youth Project to keep your child's data on our secure Upshot database system, as well as your contact details on paper documents which are held securely onsite and that you are happy for us to use your email address to contact you.

Does your child speak/understand English? YES / NO

If NO, please specify: _____

PERSONAL CARE NEEDS

Is your child totally self-sufficient in recognising when they need to go to the toilet and in looking after their own needs? Please delete as appropriate

YES / NO

If NO, please specify: _____

On hot days, we ask to you to provide your child with sun tan lotion. Do you give permission for staff to reapply sun tan lotion on your child if necessary? YES / NO

Is your child allergic to any sun tan lotions? YES / NO

If YES, please specify: _____

Please give a brief description of what physical assistance (if any) your child might require during the day (considering the activities planned and moving and handling) Use a separate sheet if necessary.

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Please give a brief description of any other information you feel we should be aware of, i.e contact with contagious diseases within the last 3 months, behavioural/psychological issues,etc (use separate sheet for personal care plan if necessary)

I undertake to inform the Worker in Charge of the Centre/Project as soon as possible, of any change in the medical circumstances between the date signed and the commencement of the visit.

I agree to my son/daughter receiving medication as instructed by me.

MEDICAL CONSENT

I agree to such medical, surgical and dental treatment, including operations under general anaesthetics, as may be recommended by a registered medical or dental practitioner. I hereby authorise the Youth Worker leading the visit or any representative or other agent of theirs to sign any written form of consent required by the hospital or Medical Authority, particularly if delay is occasioned in obtaining my own signature is considered inadvisable by the doctor, surgeon or dentist concerned.

I understand that the participant is responsible for the safe custody of their personal belongings and effects and the organisers cannot be held responsible for replacing any such effects or equipment that are lost, damaged or stolen or for compensation of any kind.

DECLARATION

I have fully understood the above and certify that the information given is both correct and accurate and that my son/daughter is fit enough and can take part in the dated outlined activities and I acknowledge the need for responsible behaviour on his/her part.

Signed: _____ Print Name: _____ Date: _____