

Youth Disability Project Summer Scheme for 19-25 year olds
Waddon Youth Centre
85 Waddon Way
Croydon
CR0 4HY

07990790183 Paul.funnell@croydon.gov.uk
07587656437 Beverley.lane@croydon.gov.uk
07740531279 Wayne.stevens@croydon.gov.uk

Dear Young Person, Parent and Carer,

We are pleased to offer you a space on our summer programme for young adults aged 19-25 with disabilities, autism and additional needs. This is to be held at Waddon Youth Centre from the 22nd July-26th July with trips out to Brighton and The Palace for Life Foundation Sports event at Monks Hill Sports Centre. The start and finish times vary on some days, as do the drop off and pick up venues for the Palace for Life at Monks Hill Sports Centre which is at **Farnborough Avenue, South Croydon CR2 8HD** **-(Waddon Youth Centre will be closed on this date and we will only be attending the Monks Hill event)**

The full programme of activities is overleaf and we will be focusing on independence, life skills, keeping fit, raising confidence and having fun.

Also on offer will be our Brighton Challenge trip. Here you will be working in teams and travelling around Brighton (with staff) to undertake various problem solving activities set by our staff team (obviously we'll spend some time on the pier and the beach too). A coach from outside Waddon Youth Centre will be the transport for this event.

One day will include a visit from our friends at Animazing- www.animazing.co.uk – who will be bringing with them all kinds of weird and wonderful creatures for you to hold and observe (if you want to?)

Waddon Youth Centre is all on one level, is wheelchair accessible and we do have personal care changing facilities. Please contact us for suitability of placement. We cannot offer 1:1 care but carers are welcome to attend and support individuals if an up to date DBS (CRB) is presented on the first day of the scheme. Please ensure appropriate hoists, slings and personal care items are provided.

Please call one of the numbers above to book a place and check for suitability. Your consent form is attached which will need to be returned by the 12th July along with payment to secure your place. They can be emailed to wayne.stevens@croydon.gov.uk Cheques can be made payable to Croydon Council. We can no longer take cash payments. Debit card payments can be made over the phone so please contact Adam Bigden (**Wednesday only**) on 02087266000 ext 60832. **If payment is a concern please contact us directly.**

Please ensure you fill out all the relevant information on the consent form (add separate sheets if necessary) and sign it.

Places are very limited so please respond in the allotted time.

Many thanks
Paul Funnell – Disability Youth Service Lead Manager

Youth Disability Project Summer Scheme for 19-25 year olds
Waddon Youth Centre
85 Waddon Way
Croydon
CR0 4HY

07990790183 Paul.funnell@croydon.gov.uk
07587656437 Beverley.lane@croydon.gov.uk
07740531279 Wayne.stevens@croydon.gov.uk

Date	Description of activities	Arrival and pick up times at Waddon Youth Centre (unless stated otherwise)	Cost	Items to bring
Monday 22 nd July	Centre based activities Arts and crafts Sports and team games Cooking	10am until 4pm	£12	Packed lunch, Drinks Suitable clothes for the sports
Tuesday 23 rd July	Sports activities, pool competition, arts, cooking Animazing-reptile and amphibians experience	10am until 4pm	£12	Packed lunch, Drinks. Suitable clothing For sport
Wednesday 24 th July	Brighton Challenge Split into teams and undertake the Brighton Challenge Experience! (Speak to Wayne to find out more)	9am until 5pm	£12	Packed lunch, drinks Outdoors clothing, sensible shoes for walking Spending money
Thursday 25 th July	Centre based activities Arts and crafts Sports and team games Cooking	10am until 4pm	£12	Packed lunch, Drinks Suitable clothes for the outdoors
Friday 26 th July	Palace For Life Young People sports day event https://www.openplay.co.uk/view/769/monks-hill-sports-centre	Drop off and pick up from Monks Hill Sports Centre 11am-2pm	No cost	Packed lunch, drinks Sports clothing, socks and trainers

Youth Disability Project Summer Scheme for 19-25 year olds
Waddon Youth Centre
85 Waddon Way
Croydon
CR0 4HY

07990790183 Paul.funnell@croydon.gov.uk
07587656437 Beverley.lane@croydon.gov.uk
07740531279 Wayne.stevens@croydon.gov.uk

19-25Year Old Summer Scheme 2019 GDPR Consent Form
REGISTRATION FORM

PERSONAL DETAILS

Name (of young person): _____ DOB: _____

Address: _____

_____ Postcode: _____

Gender: _____ Ethnicity: _____

Tel No: _____ Mobile o: _____

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: _____

Youth Disability Project Summer Scheme for 19-25 year olds
Waddon Youth Centre
85 Waddon Way
Croydon
CR0 4HY

07990790183 Paul.funnell@croydon.gov.uk
07587656437 Beverley.lane@croydon.gov.uk
07740531279 Wayne.stevens@croydon.gov.uk

Does your child have a sensory impairment? YES / NO

If YES, please specify: _____

Does your child require medication? YES / NO

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: _____

Youth Disability Project Summer Scheme for 19-25 year olds
Waddon Youth Centre
85 Waddon Way
Croydon
CR0 4HY

07990790183 Paul.funnell@croydon.gov.uk
07587656437 Beverley.lane@croydon.gov.uk
07740531279 Wayne.stevens@croydon.gov.uk

PERSONAL CARE NEEDS

Please delete as appropriate

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

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.

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: _____