Charity no. 801085

AFTER SCHOOL ART CLUB BOOKING FORM

Open to all young disabled people aged 11 to 19
4.30pm TO 6.30pm each Tuesday and Wednesday
At The Crescent Resource Centre, Cocks Crescent, New Malden, KT3 4TA

Name: Date of Birth:

Address:

Telephone number: Email:

School:

At the moment Yadapa has no funding to run these clubs, and they are run on a voluntary basis, but if they are popular we hope to secure some funding to pay for support workers and accessible transport in the future.

If you want to attend but are unable to because you cannot get to the club without transport, or/and you need one to one support, please contact Fran, to see if we can help

Please fill in both sides of this form and return to:
Fran O'Brien, Yadapa, 39, Selwyn road, New Malden KT3 5AU.

Phone Fran on 07968 060699 for enquiries or go to www.yadapa.com

YADAPA
YOUNG & DISABLED AND POSITIVELY ARTISTIC!

KINGSTON ARTS delivering excellence

Charity no. 801085

Information

It is important for us to have information about the young people who attend, so that we can support them well both at this event and any future events that they may attend. This includes basic information about a young person's personal care, health, dietary, mobility and communication needs.
We are also aware that parents and carers are asked to provide the same information many times, so we do not want to ask you to fill out any more forms unless absolutely necessary.

Please read the options below and circle 'Yes' or 'No' for each.

☐ **I give consent for Fran O'Brien (Yadapa) to access relevant information held by:**

The Team for Disabled Children, RBK Yes / No

My son / daughter's school/college Yes / No
School/college:_____

Signature of parent/carer: _____ **Date:**_____
Name of parent / carer: _____

Consent

☐ **I give consent for my son / daughter to attend this activity.**

☐ **I give consent for photos of my son / daughter to be taken whilst attending this activity. (Photos and video will be used to capture, record and publicise the group and may also be used in future funding bids)**

☐ **I give consent for my son / daughter to be taken to hospital and to receive any medical treatment as is necessary whilst attending this activity.**

Signature of parent/carer: _____ **Date:**_____
Name of parent / carer: _____