

YADAPA

YOUNG & DISABLED
AND POSITIVELY
ARTISTIC!



Charity no. 801085

Half Term

ARTS AND DRAMA ACTIVITIES WORKSHOPS 2012

BOOKING FORM

Open to all young disabled people aged 11 to 19 Living in Kingston on Thames

Name:

Date of Birth:

Address:

Telephone number:

Email:

At The Richard Mayo Hall, Eden Street, Kingston, KT1 1HZ

When would you like to come?

- Thursday 16th February. 10.30 am to 12.30 pm **If you would like to stay**
Thursday 16th February. 1.30 pm to 3.30 pm **all day on Thursday, please**
Friday 17th February. 10.00 am to 12.00 noon **bring a packed lunch.**

If you answer 'yes' to the questions below, Please let us know as soon as possible as these have to be booked in advance

Do you need personal assistance? Yes / No Do you need transport? Yes / No

Do you have other support needs that you need to talk to us about? Yes / No

Are you a wheelchair user? Yes/No

Please return this form as soon as possible to:
Yadapa, 39, Selwyn Road, New Malden, KT3 5AU.

Or email it to art@franobrien.org.uk

or phone Fran to book your place on **07968 060699** or go to www.yadapa.com

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: _____