



SUMMER WORKSHOPS August 2011
ART and MUSIC WORKSHOPS BOOKING FORM
Open to all young disabled people aged 11 to 19

Name:

Date of Birth:

Address:

Telephone number:

Mobile

Email:

When would you like to come? Please tick the boxes. Spaces will be limited.

Art Workshops: Mosaics, Painting, Oil pastels, Fabric and Ceramic Design
Crescent Resource Centre, New Malden, KT3 4TA
10.30 am to 3.30pm each day.

	10.30 - 12.30	1.30 - 3.30		10.30 - 12.30	1.30 - 3.30
Tuesday 9 th August	<input type="checkbox"/>	<input type="checkbox"/>	Tuesday 16 th August	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday 10 th August	<input type="checkbox"/>	<input type="checkbox"/>	Wednesday 17 th August	<input type="checkbox"/>	<input type="checkbox"/>
Thursday 11 th August	<input type="checkbox"/>	<input type="checkbox"/>	Thursday 18 th August	<input type="checkbox"/>	<input type="checkbox"/>

Lunch will be between 12.30 and 1.30 if you are attending all day
Please bring a packed lunch

If you answer 'yes' to the questions below, we will contact you to discuss your needs.

Do you need transport? Yes / No

Do you need personal assistance? 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 **by 25th July 2011** to: Yadapa, 39, Selwyn road,
New Malden, KT3 5AU.

Or email it to art@franobrien.co.uk Phone Fran on 07968 060699

For enquiries 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: _____