



# YADAPA

Young and Disabled  
and Positively Artistic



Summer Uni



## SUMMER ART WORKSHOPS BOOKING FORM

Open to all young disabled people aged 11 to 19

Name: .....

Date of Birth: .....

Address: .....

Postcode.....

Telephone number: .....

Email.....

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

**Art Workshops: United Reformed Church Eden Street Kingston. 1pm to 4pm**

Tuesday 11<sup>th</sup> August

Tuesday 18<sup>th</sup> August

Wednesday 12<sup>th</sup> August

Wednesday 19<sup>th</sup> August

Thursday 13<sup>th</sup> August

Thursday 20<sup>th</sup> August

**Music Workshops: Limited to one session per person. Hook Recording Studios, Hook Road, Chessington. From 10am to 12noon and 12.30pm to 2.30pm each day.**

Friday 14<sup>th</sup> August am  pm

Monday 17<sup>th</sup> August am  pm

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 read and complete the second page of this form**

Please return this form by **20<sup>th</sup> July 2009** to:

Yadapa, 39, Selwyn road, New Malden KT3 5AU.

Phone Fran on 07968 060699 for enquiries or go to [www.yadapa.com](http://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:** \_\_\_\_\_

However, if you would prefer to complete a separate information and consent form for this activity, please contact Fran O'Brien directly.

### 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:** \_\_\_\_\_