**1. Child/Young Person (PLEASE COMPLETE FORM FULLY AS INCOMPLETE FORMS MAY BE RETURNED)**

|  |  |
| --- | --- |
| **Name of Child/Young Person (full name)**  |  |
| **Date Of Birth** |  | **Gender** |  **Male** **Female** |
| **Doe the child have additional needs?** Yes No If yes please state:  | **Photographs** (permission to take photos for promotional purposes for LBWF only) Yes No  |
| **Medical** (Please indicate any health issues, injuries, allergies, special needs or medical conditions) |  |
| **Which school does the child/young person attend?** |  |
| **Other Relevant Information**: (please complete fully)Is there any other information that we need to know? i.e. Behavioural issues, nature of physical and/or learning disabilityPlease also include legal status of child/YP such as LAC or subject to any court orders.Please ensure that you inform us of any additional support that the child/YP may need in order to participate in these activities (**please provide clear details of the nature of the difficulty and the level of support required)**. Use an additional sheet if required and send with application. |  |

|  |  |
| --- | --- |
| Full Name of Parent/Carer  | **Are you Over 18 years of age? Yes No**  |
| Address | **Postcode** |
| Emergency Contact 1 - Full Name:  | Relationship to Child: | Home Tel:Work Tel:Mobile: |
| Email: |
| Emergency Contact 2 - Full Name:  | Relationship to Child | Home Tel:Work Tel:Mobile: |
| Email: |

**2. Parent/Carer details**

**3. Referrer’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer** |  | **Job Title** |  |
| **Name of Organisation**  |  | **Email** |  |
| **Contact Telephone No.** |  | **Mobile** |  |
| **Are you contactable during the Summer? If not, please provide alternative contact** | **Yes No** *If there is an allocated social worker or another organisation that is working with the family please ensure you include the contact details of someone who is contactable during the period of the booking.* |

**4. Session Booking –** Please outline the activity that you wish the child to attend. Please note where possible the child will be offered the 1st choice, however if this is not available the child will be booked onto the second choice. Children will be only able to access 2 weeks provision during the summer.

|  |  |  |
| --- | --- | --- |
|  | **1ST Choice**  | **2nd Choice**  |
| **Week 1** |  |  |
| **Week 2** |  |  |
| **Week 3**  |  |  |
| **Week 4** |  |  |

**5. Reason for referral** (please tick)

|  |  |
| --- | --- |
| **Category**  | **Category** |
| Common Assessment Framework (CAF)  |  | Risk of Gang Involvement |  |
| Child in Care |  | Families just below social care threshold |  |
| Difficulties in Social Engagement |  | Welfare Concerns |  |
| Low income families |  | Child/young person with disability |  |
| Known to Early Help Service |  | Young Carers |  |
| Known to Social Services  |  | Teenage parents |  |
| Other (Please specify): |

**I give permission in case of an emergency for my child/ren to be taken to hospital**

**by ambulance: Yes No**

**I give permission for my child to walk home alone (Over 8’s only): Yes No**

**Parent /Carer Signature: ……………………………………………………………….. Date ……………..............**

**Referrers Signature: ……………………………………………………………………. Date ……………………....**

**Please ensure that you complete a separate form for each child/young person and return to** **wfholidayactivityprogramme@walthamforest.gov.uk**