

Application for Juniors Week 2019

Monday 29th July - Friday 2nd August

age 5-7 years

age 8-11 years includes overnight stay

Important – Please read first

Our activity weeks are for children and young people with speech, language and communication needs. They are designed to increase the children's confidence and their sense of achievement. Some activities are energetic and others encourage turn taking and co-operation. We want children to attend Juniors Week who will benefit from these activities, so we expect them to follow some simple instructions, be willing to try things (with encouragement from the helpers) and normally be able to indicate when they have a problem.

We aim to have a mix of young people with differing abilities and from a range of school placements including mainstream and special needs schools. We assess each individual's suitability for activity weeks based on information given on this form and discussion with parents/carers if needed. Occasionally someone may not be suitable for our activity weeks due to their particular needs. Our helpers are volunteers and are not trained in personal care or physical restraint. Our leaders may deal with occasional personal care requirements, but cannot do this frequently. Our leaders may also deal with one-off challenging behaviour, however we cannot allow someone to continue attending the week if their behaviour continues to affect the other participants or is disruptive to the group as a whole.

We ask for the information to gain the best possible understanding about the young person's individual needs and abilities. We ask you to answer all sections as honestly as possible. Please complete the whole form as their behaviours, emotions and difficulties can change from year to year. We are happy to contact you if there are further details or issues you would like to discuss in person. We will ask newcomers to come to one or two of our Friday Clubs so we can get to know them better.

We want to look after participants in the best possible way and we use the information you provide to help us do this. We decide which volunteer helper is paired with each child based on the details you give us, and it is useful if you include strategies that you find helpful in particular situations. We need good information to make good decisions. Feel free to attach anything else that may be relevant, such as speech and language reports.

Please complete the whole form

Then return it following the **instructions overleaf**

Please keep this page for reference

Returning your Application

Please send your application form and photo by email to Martin Trenaman at trenamans@talktalk.net

Please pay your deposit of £50 online to our account at Metrobank

Account name: North Surrey AFASIC, Account no 27129668, Sort code 23-05-80

Please use only this bank account and not any previous Afasic account.

So we can identify your online payment your reference must include:

(1) Juniors or Seniors **and** (2) the participants name

Also please send an email when you have made a payment to: trenamans@talktalk.net

If you are unable to make online payment, please contact Martin Trenaman on the above email for alternative options.

Payment Schedule

We ask for the final payment six weeks before the activity week We are happy to take payment early or in instalments, instead of a single final payment, and we prefer one of the schedules below. Please indicate schedule A,B or C where asked on the application form and also here for your records. Please make payments online and follow the instructions as above for the deposit.

Payment Schedule	A	B	C
your choice - circle one	overnight (day)	overnight (day)	overnight (day)
With application	£50 (£50)	£50 (£50)	£200 (£150)
20 May	£75 (£50)	-	-
17 June	£75 (£50)	£150 (£100)	-

amounts shown are for the overnight stay (with day only amounts in brackets)

Concessions

We have some concessions for low income families as we do not want a child to miss out on an activity week because of the cost, **so if full payment is a problem**, please contact Danine Cronk on 07901 903871 or by email to Danine.stovell@gmail.com

Application checklist

Application form by email

Photograph (if supplied) by email

Deposit payment online payment + email

A detailed programme with instructions and a reminder for any balance due is sent about six weeks before the activity week.

Name _____

Date of Birth _____

School/ College/ Other _____

Year Group or Course _____

Is this application for **juniors week** including the overnight stay at High Ashurst? y **yes (overnight)** n **no (day only)**

Previous Afasic Activities and Friday Clubs

Has she/he been on an Afasic activity week before? y **yes** n **no**

If yes, please tick the most recent year & group

most recent year 2018 2017 earlier *most recent group* Seniors Middles Littles

Has she/he come to our **Friday Clubs**?

y **yes** n **no**

If yes, please tick the most recent

most recent year 2019 2018 earlier

For young people **new** to afasic activity weeks please provide, if you can, contact details for a teacher/relevant person at their school or college, whom we may contact to discuss strategies.

Name / Position / Contact information

Communication Difficulties

What kind of speech and language difficulty does your son or daughter have?

Do they have a medical diagnosis (e.g. ASD, ADHD)?

Does your son or daughter use any kind of alternative/augmentative communication system, e.g. signs, symbols? If so, please describe.

Medical Information

Do they have any other relevant medical conditions, e.g. asthma, diabetes?

Has she/he any food allergies or fads? Please give details.

Has she/he any other allergies, including sticking plasters, penicillin?

Please give details of any specialised treatments or recurrent illnesses; any medication currently prescribed with dosage information.

Name _____

Abilities

Can your son or daughter swim?
If not, is she/he happy in water?

Can she/he cope with energetic physical activity? If not, what help is needed?

Can she/he cope independently with showering, dressing and toilet?
If not, what help is needed: - reminding?
instructing? assisting?

Is there any likelihood of bed-wetting?
Do they use nappies or pull-ups at night or daytime?

Behaviour and Strategies

How does your son or daughter's condition affect their everyday life?

Are there specific situations she/he has difficulty coping with?

Please describe useful strategies and the situations where they help.

Other Information

Do you feel that your child has a strong preference for a male or a female helper?	no strong preference	female	male
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Details of siblings, pets, hobbies and any similar information that you want to tell us.

Name _____

Emergency Medical Treatment

I agree to my son or daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present and I give authority to North Surrey Afasic or an agent on their behalf to consent to such treatment if any delay to obtain my signature is considered inadvisable by the Doctor or Surgeon concerned.

Please note that sun cream will be applied by the links or leaders when necessary.

Signature (parent/guardian*) _____ Date _____

** participants over 18 can sign for themselves*

If you do not wish to give consent, do not sign here

Photographs

I give my consent to Afasic to take and use photographs of my son or daughter in Afasic publications, promotional material and presentations without further approval or consent from me.

Signature (parent/guardian*) _____ Date _____

** participants over 18 can sign for themselves*

If you do not wish to give consent, do not sign here

To add consent to use photos on Afasic web pages, please initial here or type yes _____

Liability Statement

These Activity weeks are being organised by the North Surrey branch of Afasic, an integral part of the national Afasic organisation, which is a registered charity (number 1045617) and a company limited by guarantee.

It should be noted that some elements of the activities are adventurous and involve a degree of personal risk, and by participating in these Activity weeks, this is acknowledged by the leaders, helpers, links, participants aged 18 or over, and parents on behalf of participants under 18.

North Surrey Afasic checks the risk assessments of the various venues and centres used for the activities and overnight stays and checks that public liability insurance cover is in place. All of this information is supplied to Afasic's own insurers, who also have public liability cover of £5 million in place.

North Surrey Afasic takes out a policy extension for the residential weeks that includes holiday cancellation cover. This is only in force once we take out the policy extension and that is only after we have the names of all attendees. The cancellation cover does not refund the first £50, i.e. the deposit.

It should be noted that North Surrey Afasic's officers, committee members, organisers, leaders, helpers and links cannot take personal liability beyond the responsibility of Afasic as an organisation for any acts or omissions in relation to these Activity weeks.

I understand and accept the above liability statement.

Signature (parent/guardian*) _____ Date _____

** participants over 18 can sign for themselves*

Name _____

Parent / Guardian

Name _____

Telephone Numbers _____

email _____
this will be used to keep you informed about the progress of your application

Address _____

Emergency Contact

Name _____

Telephone Numbers _____

Young Person's GP

Name _____

Telephone Number _____

Address _____

Photograph Please provide a photo of your child if you can. Thank you.

Submit Application Please return your application form, photograph and deposit of £50. See the reverse of the cover page for instructions.

Please indicate your chosen payment schedule below:

Payment Schedule	A	B	C
your choice - circle one	overnight (day)	overnight (day)	overnight (day)
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