

Application Form

Havant & District Holiday Venture

Integrated playscheme for children with a physical disability,
their sibling or friend, aged 6 to 18 years



3 Weeks Summer Holiday Activities 2010

Venue: Prospect School, Freeley Road, Havant, P09 4AQ

Tuesday 27th July until Friday 30th July £33

Monday 2nd August until Friday 6th August £43.50

Monday 9th August until Friday 13th August £43.50

Day starts at 9:30am and ends at 3pm, except:

Wednesday 4th August 9am-6pm

Wednesday 11th August 9am-6pm

HDHV Contact Number: **07926 381243**

www.hdhv.org.uk

**Please retain this front page for future reference and
contact details.**

**You are invited to attend the Free BBQ and talent afternoon including prize
giving on Friday 13th August from 12.00 noon**

Office use only -

Wk1 Wk2 Wk 3 All Wks Deposit Full payment Portsmouth Havant

PERSONAL DETAILS

Name of Young person: _____

Date of Birth: _____

Address: _____

_____ Post Code: _____

School/College: _____

Sex: Male Female

EMERGENCY CONTACTS

1) Parent/Carer: _____ Tel No: _____

Mobile No: _____ Work No _____

2) Parent/Carer: _____ Tel No: _____

Mobile No: _____ Work No _____

GP Name: _____ GP Surgery: _____

Tel No: _____

Social Worker: _____ Based at: _____

Tel No: _____

Has Social Worker agreed to help with payment? Yes How many weeks

CHILD INFORMATION

Childs physical disabilities:

Details of physical disability:

Does your child have Epilepsy? Yes No Details: _____

Does your child have an Allergy? Yes No Details: _____

Are your child's Immunisations up to date? Yes No

FUNCTIONAL ABILITIES

Does your child need assistance with? (Please tick)

1) Mobility: Yes No If no please continue to question 2

Please tick which mobility aids your child uses and include details (ie. Indoors/outdoor etc) and of any assistance needed;

Electric W/Chair Details: _____

Manual W/Chair Details: _____

Rollator/Walker Details: _____

Other Details: _____

2) Toileting: Yes No If no please continue to question 3

Please provide further details on how we can assist your child with toileting (ie. Pads change, assistance on/off toilet, stoma care etc):

3) Feeding: Yes No If no please continue to question 4

Please provide further details on how we can assist your child with feeding (ie. Full 1:1 assistance, opening packets etc, prompting, special diet):

4) Communication: Yes No If no please continue to question 5

Please provide further details on how we can assist your child with communication (ie. Sign language, makaton, symbols and use of any communication aids):

5) Does you child have any behavioural needs?

Please feel free to continue on the last page if needed.

CONSENT

Photography:

I agree to allow my child to be photographed whilst at HDHV.

I agree for my child to be photographed but request these photos are not used for publicity purposes including on the website.

I **do not** wish for any photos to be taken of my child.

Other activities:

Do you agree for your child to take part in...

Face painting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hair styling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bouncy Castle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Face make up	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nail painting	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Is your child affected by strobe lighting or flashing lights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent for your child to have orange/blackcurrant squash?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent for your child to have suntan lotion applied as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medication & Emergency Treatment Consent

To be completed by all parent/carers

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetic.

*Signed: _____ Date: _____

Daily Medication

Medicine must be in its original packaging and have the child's name clearly marked on it.

Child's Name: _____

1) Medication: _____

Dose: _____ Time: _____

2) Medication: _____

Dose: _____ Time: _____

3) Medication: _____

Dose: _____ Time: _____

I give permission for a senior member of staff to administer the above medication as per the above instruction.

*Signed: _____ Date: _____

***This form can only be signed by the venturer's legal guardian or adult with legal responsibility.**

BOOKING ARRANGEMENTS

Number of week's child would like to attend: Full week bookings preferred

Please tick: Week 1 £33 Week 2 £43.50 Week 3 £43.50 All 3 week's £120

To secure a place for your child, please send a deposit of £10 along with your completed application form to:

**HDHV
C/O 45 Silvester Road
Cowplain
Hants
PO8 8TJ**

Cheques payable to: **Havant & District Holiday Venture (HDHV)**
Any balance of fee must be paid **no later than the first day of your child's attendance.**

Any further information/comments:

HDHV may be able to apply for extra funding, for this reason we need to record numbers of children attending HDHV in receipt of DLA (Disability Living Allowance). If you are happy to disclose this information please complete the following boxes.

Does your child receive DLA (Disability Living Allowance)?

Yes No

If yes, which level?

Mobility: Low rate

High rate

Care: Low rate

Middle rate

High rate

HDHV is working in partnership with Havant & Petersfield Special Needs/Disability Forum. Are you happy for data from this leaflet to be passed on?

(Please tick one) I agree: I do not agree:

Would you like to receive the Forums Newsletter? Yes No

Portsmouth Families Only. We receive some of our funding from Portsmouth Children's Service who would like details of Portsmouth children attending the activities. Are you happy for your child's information to be passed on?

(Please tick one) I agree: I do not agree:
