

Programme Application Form

1 Family Details

Main Parent/Carer

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		Relationship to children	
Home Tel:		Mobile:			

Parent/Carer 2

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		Relationship to children	
Home Tel:		Mobile:			

Children

Child	Name	DoB	Gender (M/F)	Ethnicity	School/Nursery
1					
2					
3					
4					
5					

Other adult family/household members or significant others

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		Relationship to children	
Home Tel:		Mobile:			

Name:		Gender (M/F):		Ethnicity:	
Address:		Postcode:		Relationship to children	
Home Tel:		Mobile:			

Is English your 1 st Language?	Yes / No
If no, please state your 1 st language:	
Do you require any interpretation support?	Yes / No
Do you require support with reading or writing?	Yes / No
Do you have any specific dietary requirements?	Yes / No
Do you have any special requirements in relation to mobility or access needs which we need to consider in order for you to attend a programme?	Yes / No

Please give details of any disabilities or special needs in the family

2 Reason for attending the programme

Please summarise what you would like to receive information and advice about.

How did you find out about the programme?

3 Previous Support Service or Other Agency Involvement

Have you accessed any other sources of advice or information?

Yes / No

If yes please give brief details below:

4 Preference

Please indicate your preference for attendance using 1 for first, 2 for second and 3 for third.

<u>Subject</u>	<u>Programme Number</u>	<u>Preference</u>

5 Consent to share information

Parent/Carer Name:	
Name of Support Worker:	

Consent statement for information storage and information sharing

“We need to collect the information in this application form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with, or request additional information from, other organisations so that they can help us to provide the support you need.”

“We will treat your information as confidential and we will not share it for any other reason unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share”

<p>I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer</p> <p>I have had the reasons for information sharing and information storage explained to me and I understand those reasons</p>	<p>Yes / No</p> <p>Yes / No</p>
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Parent/Carer/Young Person Signature

Signed:		Name:		Date:	
Signed:		Name:		Date:	
Signed:		Name:		Date:	

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For Office Use Only

Date received:

	Complete	Date	Initials
CCM Checked:			
Risk Assessed:			
Input on Database:			
Confirmation Letter:			

Workshop Allocation

Subject	Dates	Times	Venue

Please return completed applications to:

Children's Disability Family Support Service
Orchard Children's Centre
St Bede's Road
Masborough
Rotherham
S60 1HG