|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Information** | | | | | | | | | | | | |
| **First Name:** | |  | | | **Last Name:** | | | | |  | | |
| **Ethnicity:** | |  | | | | | | | | | | |
| **Date of Birth:** | |  | | | **Gender Pronoun:** | | | | |  | | |
| **Home Address:** | |  | | | | | | | | | | |
|  | | | | | | | | **Post Code** | | |  | |
| **Parent/Carer/Guardian Information** | | | | | | | | | | | | |
| **First Name:** | | |  | **Surname:** | | | | |  | | | |
| **Address:**  (if different to above) | | |  | | | | | | | | | |
|  | | | | **Postcode:** | | | | |  | | | |
| **Relationship to Child:** | | |  | | | | | | | | | |
| **Contact Number:** | | |  | **Email:** | | | | |  | | | |
| **Emergency Contact** | | | | | | | | | | | | |
| **First Name:** | | |  | **Surname:** | | | | |  | | | |
| **Relationship to Child:** | | |  | | | | | | | | | |
| **Contact Number:** | | |  | **Mobile:** | | | | |  | | | |
| **Personal Information** | | | | | | | | | | | | |
| **Does your child require one to one support?** | | | | | | | | | | | | **Yes  No** |
| *If yes, who will provide this?* | | | | | | | | | | | | |
| **Does your child require support with toileting/personal care?** | | | | | | | | | | | | **Yes  No** |
| *If yes,a parent/carer will be required to remain on site for the duration of the session to support with this.* | | | | | | | | | | | | |
| **Does your child take any medication?** | | | | | | | | | | | | **Yes  No** |
| *If yes, please give details:* | | | | | | | | | | | | |
| *A parent/carer will be required to remain on site if medication is required during a session.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Personal Information Continued** | | | | | | | | | | | | |
| **Does your child have a learning difficulty/disability, autism or any other additional needs?** | | | | | | | | | | | | **Yes  No** |
| *If yes, please give details:* | | | | | | | | | | | | |
| **Does your child have any dietary needs or allergies?** | | | | | | | | | | | | **Yes  No** |
| *If yes, please give details:* | | | | | | | | | | | | |
| **Does your child have any additional physical needs? (including mobility, visual, hearing and anything that may affect your child during a fitness session, if relevant)** | | | | | | | | | | | | **Yes  No** |
| *If yes, please give details:* | | | | | | | | | | | | |
| **Is there anything else you would like us to know about your child?** | | | | | | | | | | | | |
| *Please give details:* | | | | | | | | | | | | |
| **Photo Consent** | | | | | | | | | | | | |
| ***Sheffield Mencap & Gateway would like to request permission to take photographs/film footage/voice recordings of your child attending services with Sheffield Mencap & Gateway that may be used to promote the charity on marketing materials, social media, the charity website and reports to our funders.*** | | | | | | | | | | | | |
| **Do you give permission for your child to be photographed/filmed/recorded whilst attending services at Sheffield Mencap & Gateway?** | | | | | | | | | | | | **Yes  No** |
| **Signed** |  | | | | | **Date** |  | | | | | |

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| --- | --- | --- |
| **Additional Projects - Please select if you would like to be contacted for more details and/or a referral** | | |
| **SHINE** | A course to improve your diet and health as a family, one evening a week for 12 weeks. |  |
| **Short Breaks** | A respite service run with Sheffield Council. Weekends and school holidays. |  |

**Please return your completed application form to:**

childrensprojects@sheffieldmencap.org.uk

Sheffield Mencap & Gateway, Norfolk Lodge, Park Grange Road, Sheffield S2 3QF

If you need any support or further information, you can email us or call   
01142 767757 or 07507 275187

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| --- | --- | --- | --- | --- |
|  | | | | |
| **Project Selection** | | | | |
| **Project** | **When and Who** | **Details** | **I would like more information** | **I would like my child to attend a free trial session** |
| **Communicate** | Saturdays 10am – 12pm  Term-time only  For ages 6 – 12 | Improve social interaction and communication through fun, engaging activities such as role-play, games and craft. |  |  |
| **Shine Out on Saturday** | Saturdays 10am – 12pm  Term-time only  For ages 6 – 17 | Build confidence and learn new skills in dance, drama and music. Create and perform a group show. |  |  |
| **Soundbites** | Saturdays 10am – 12pm  Term-time only  For ages 12 -17 | Develop communication and technology skills. Create and record podcasts, interviews, radio broadcasts, stories and sounds. |  |  |
| **TGIF** | Fridays 6:30 – 8:30pm  Runs in term-time and most school holidays  For ages 6 – 17 | A friendly social group where you can relax, play games, try activities including cooking or crafts and make new friends.  Siblings are also welcome. |  |  |
| **Kids Fitness** | Thursdays 5 – 6pm  Term-time only  For ages 6 – 17 | Get fit and have fun!  Group exercise classes suitable for all fitness levels and abilities. |  |  |