

CONFIDENTIAL**FRIENDS FOR LEISURE****CHILD/YOUNG PERSON REGISTRATION FORM****The following questions help us to get to know about you**

Full Name _____

Address _____

_____ Postcode _____

Telephone _____ Mobile _____

Date of Birth _____ Age _____ Gender _____

Do you regard yourself as: *(Please tick)*

WHITE () BLACK () ASIAN ()

MIXED/MULTIPLE () _____ *(Please give details)*OTHER () _____ *(Please give details)*

If you attend school or college, which one? _____

Do you receive any additional support at school or college? _____

Do you currently receive any other services? *(Please give details)* _____

Do you have a social worker or family service worker? *(Please give details)* _____

Who do you live with? _____

Are you registered on the Disabled Children's Database? _____

How would you describe your disability? _____

How does your disability affect you? _____

Do you have any medical needs we should know about? *(Please give details)* _____

The following questions help us to know what you like to do

What do you enjoy doing in your spare time? _____

Do you prefer indoor or outdoor activities? _____

Are there any situations that make you uncomfortable? Please tell us about them. _____

Do you currently belong to any groups or clubs? _____

Please use this space to tell us how you would like Friends for Leisure to help you:

What is the best email address for us to use to let you know what's happening at Friends for Leisure?

NEXT OF KIN / EMERGENCY CONTACT

Full Name _____

Telephone _____ Mobile _____

Address _____

_____ Postcode _____

Relationship to the Young Person _____

How did you find out about Friends for Leisure? _____

I would like to be involved in Friends for Leisure.Signed _____ Date _____
(Young Person)

I consent to my son/daughter/ward being involved in Friends for Leisure.

Signed _____ Date _____
(Parent/Carer if under 18 years)**If you wish to discuss anything in more detail, please telephone
01260 275333****Thank you for completing this form.**Please return to: Friends for Leisure
Ground Floor, Albert Chambers,
Canal Street, Congleton. CW12 4AA.**What Happens Next**

1. The information given on this form will be recorded on the Friends for Leisure database;
2. A Project Worker will contact you shortly to arrange an appointment to come and talk to you about:
 - the way your disability affects you and makes you feel;
 - how Friends for Leisure might be able to help you; and
 - any concerns you might have about joining Friends for Leisure.