

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 _____ Male () Female ()

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

WHITE () BLACK () ASIAN ()

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

Do 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 tick)*

Crossroads () Residential Respite () Other Respite ()

Direct Payments () Other () _____ *(Please specify)*

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.