

SPECIAL NEEDS REGISTRATION FORM

SOUL SURVIVOR 2009



Dear Parent / Guardian

We are delighted that your child will be attending the Soul Survivor Children's activities this year and we hope that this will prove to be a very enjoyable experience both for your child and yourselves. It is our desire to welcome and include all children, irrespective of their particular needs, wherever possible.

In order that we may include your child as fully as possible and cater for their specific needs, it would be very helpful if you could complete the form overleaf (sections relevant to your child) and return it to us as soon as you are able. If you have any other additional information that you feel would be useful for us to know, please add this as well. If you would like to talk to me in person, I can be contacted by phone or email at the Soul Survivor office: Tel: 01923 693412 or email Specialneeds@soulsurvivor.com

During the event I'll be based in the Soul Survivor 'Info' Tent. If you have any difficulties please do come and discuss these with myself or another member of our team and we will do our very best to help!

Emma Mallord

Special Needs Coordinator

1. Personal Information

Child's Name	
Date of Birth	
School Year / Class	Age at time of Soul Survivor
Parent's Name	
Booking Reference Number	
Address	
Postcode	
Mobile Telephone No.	Home Telephone No.
Email	
Church	
Camping info: (please indicate if you would like to be camped in a certain area, near particular facilities or with another family/group.)	

Soul Survivor age group for which your child is eligible:

0-2s *Creche* 3-4's *Pebbles* 5-9s *Rock Solid* 10-11s *Bouldergang*

Your child will be allocated to the above session relevant to their age.

Do you feel this is appropriate for your child? Yes No

If *no* which age group would you like your child to attend? Please explain below.

0-2s *Creche* 3-4's *Pebbles* 5-9s *Rock Solid* 10-11s *Bouldergang*

Briefly describe your child's special needs eg. Autistic spectrum, ADHD, dyslexia, Downs Syndrome, Severe Learning Difficulties with reading and writing

How do you think this might impact on their ability to participate in activities?

Does your child receive additional help at school? Yes No

If yes, what form does this take and what is the reason for this?

2. Medical

Does your child have any medical condition that may require special action or administration of medication eg. seizures? Yes No

If yes, please give details eg. what triggers this reaction / what to look for / etc.

Does your child have any allergies eg. foods, medication, other substances?

Yes No

If yes, please give details

What action should be taken in the event of an allergic reaction / seizure or other incident?

3. Physical

Does your child ever / usually use a mobility aid eg. wheelchair, walking frame?

Yes No

If yes, please give details

Or any other special equipment eg. special chair? Yes No

If yes, please give details

Will this equipment be used at Soul Survivor? Yes No

Does your child need help to use their hands? Yes No

If yes, what should we do to assist your child?

Does your child need help with toileting? Yes No

How should we assist them?

Do you give permission for us to assist your child in this way? Yes No

Does your child require assistance to have a drink/snack? Yes No

How should we assist them?

Do you give permission for us to assist your child in this way? Yes No

Does your child have visual difficulties? Yes No

If yes, what should we do to assist your child?

Does your child have hearing difficulties? Yes No

If yes, what should we do to assist your child?

4. Learning

Does your child have a learning disability that may make it difficult for them to participate in any activities eg. difficulty reading / writing? Yes No
If yes, what should we do to assist your child?

5. Communication

What is your family's first language? English Other _____

Does your child have difficulty with speaking? Yes No

Does your child use an alternative or additional form of communication eg. signing, communication book? Yes No

If yes, please give details

Is there anything about your child's communication that you would like us to know?

6. Moods and Feelings

Are there any particular situations or activities which are likely to upset or frighten your child?

During difficult times, what do you find is the best way of comforting and calming your child?

7. Behaviour

Is your child likely to wander / run away? Yes No

8. Bringing a Carer

Will your child require 1:1 care at the event?

Soul Survivor will provide one concessionary place free of charge, to a carer accompanying a full paying delegate who requires 1:1 assistance. Please give details below.

Details of Carer

Name:

Mobile:

Date of Birth:

Address:

Church attended:

Is there anything else that you would like us to know which may help us to meet your child's special needs while participating in Soul Survivor activities?

Please continue overleaf if necessary

Completed by

Signature

Date
