

**Holiday Workshop Booking Form**

By completing this application form you agree to your personal data being kept on file until your 25th Birthday or the ceasing of your EHCP, whichever comes first.

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| **Name of workshop:** |  |
| **Date of workshop:** |  |
| **Student name:** |  |
| **Student DoB:** |  |
| **Parent/Carer Name:** |  |
| **Student Disabilities:** |  |
| **Support Needs:** | **To note: any young person requiring 1:1 support to attend the workshop should provide their own support.** |
| **Allergies/Dietary:** |  |
| **Health/Medical:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Emergency Nos:** |  |
| **I give consent for facilitators to administer prescribed medication and basic first aid if needed: Yes/No** |
| **I give consent for facilitators to take photos and/or video for publicity materials: Yes/No** |
| **Signed parent/carer:**  |  |
| **Date:** |  |
| **We would ask that payment is made directly to the Fairfield Farm Trust bank account.** **For bank account details contact Shirley Raw, on 01225 823028** **or the Finance team at: Finance@ffc.ac.uk****Any other queries, please contact Shirley Raw, as above.** |