



SPLASH BOOKING FORM 2010/2011

SP8 v2.0

Please be assured this information is held in confidence and only shared with the Activity Provider in the interests of welfare and safety. Contact Splash if you have any queries

To be completed by whoever is nominating this young person. It is essential that we are able to contact you or a parent/ guardian should a concern or emergency arise whilst the young person at this project.

Nominator's Name:			
Position/Relationship:		Agency/ Organisation: (If applicable)	
Address:	Tel:		
	Mobile :		
	E-mail:		
	Fax :		
Why are you nominating this young person?			

YOUNG PERSON'S DETAILS

Name:		Date of Birth: (dd/mm/yyyy)		AGE:		Male/ Female (Please Circle)
Address:	Email:					
	School Attending:					

ETHNICITY – PLEASE CIRCLE

Asian or Asian British	Indian	Pakistan	Bangladeshi
Black or Black British	Caribbean	African	Other Black Background
Other Ethnic Group	Chinese	Other Ethnic Group	Mixed Background
White	British	Irish	Other White Background

BOOKING CATEGORY & MEDICAL INFORMATION – PLEASE TICK ALL BOXES THAT APPLY

(Splash collects this information to ensure we can fully support each young person attending projects. We also use data collected in funding applications and evaluations. This information is kept confidential and at NO point will young people's details be given to other organisations.)

A ABC/ASBO	B ENGAGED IN YOT	C ANTI-SOCIAL BEHAVIOUR	D NON /POOR SCHOOL ATTENDEE/EXCLUDED	E AREA OF DEPRIVATION
F FAMILY UNDER STRESS	G SUBSTANCE MISUSE	H CHILD PROTECTION PLAN / ISSUES	I CHILDREN LOOKED AFTER	J YOUNG CARER
K INVOLVED NEGATIVE PEER GROUP	L BEHAVIOURAL/ EMOTIONAL/ LEARNING DIFFICULTIES	M STATEMENT OF SEN	N FINANCIALLY DISAVANTAGED	O ASYLUM SEEKER/ TRAVELLER/MINORITY GROUP
P SINGLE PARENT FAMILY	Q HOMELESS/TEMPORARY ACCOMMODATION	R VICTIM OF/BULLYING PHYSICAL/MENTAL ABUSE	S RURAL ISOLATION	T SEEKS NEW OPPORTUNITY
U AUSTISTIC SPECTRUM		V ADHD	W EPILEPSY	X DIABETIC
Y ON MEDICATION	Z ON FREE SCHOOL MEALS	Do you consider yourself disabled? (Must be in receipt of benefits)		
				YES/NO

Will the young person need to take medication during the project? (If yes, please contact the Splash office, with details)	YES/NO	Has a common assessment framework (CAF) been done on this young person?	YES/NO
Does this young person present a risk? (Please Circle)	To themselves YES/NO	To others YES/NO	To staff YES/NO

ALLERGIES

Does this young person have any allergies or intolerances?	Medical (including plasters) YES/NO	Food YES/NO
If yes please give details		

GENERAL INFORMATION
(Must be completed)

Please help us to support this young person at Splash projects, please include information which you consider would be useful for us, and the Activity provider to know. Include strengths, difficulties, personal issues and reactive behaviour. (Continue on a separate sheet if necessary)



EMERGENCY CONTACT DETAILS

(Please give details of who we should contact in an emergency)

If the emergency contact details are the same as nominator details please sign below:

[Redacted Signature Box]

Name:		Position/Relationship:	
Address:		Tel:	
		Mobile:	
		Email:	

PROJECTS

Name of projects wishing to attend:	1.	2.	3.	4.

CONSENTS

(Please tick the appropriate boxes)

I give permission for

PLEASE TICK

- 1. To attend the Splash projects as detailed here
- 2. To have photographs and videos taken which may be used for publicity purposes
- 3. To receive first aid treatment if required during a Splash project

The personal information you provide is for the purpose of processing your nomination for a Splash project; it will not be processed, or disclosed, in any way incompatible with that purpose. In accordance with the principles of the Data Protection Act 1998 the information may only be disclosed to the Data Subject (yourself) or with your permission. We may share this information with others for the purpose of processing this nomination. Please also note this information will be passed on without permission if there is a legal requirement to do so, or, if there is a risk of harm or threat to life.

This booking form will be kept on file at Splash so we can contact you with details of future Splash projects and other positive activities in your area.

Name of parent/guardian
I am the person with parental responsibility

Signature^x.....^x

Date.....

Name of young person.....

Signature^x.....^x

Date.....

BOOKING INFORMATION

- Please book early.
- Please be aware that completing this form does not secure a place, confirmation will be given by telephone and in writing by the Splash Coordinator.
- Splash is an independent charity which fundraises in order to provide free positive activities for young people. By completing this booking form you are agreeing to support this young person to attend this activity.

CANCELLATIONS – PLEASE NOTE

- ☒ Splash places are limited and costly.
- ☒ If you have a confirmed place the responsibility lies with you to ensure the young person’s attendance.
- ☒ If a young person cannot attend, Splash requires a 24 hour notice period in order to fill this place.

Please return this form to:
Splash Chippenham Police Station, Wood Lane, Chippenham SN15 3DH
Tel: 01380 734106 Fax: 01380 734187

