Achieving Aspirations will always endeavour to go the extra mile, to support children and adults with additional needs, to live happy, healthy lives, close to their families, and those important to them. We promote progression, enable independence, and celebrate successes in achievements the most modest to the greatest of aspirations.

**Welcome to The Sleepover Club**

**MEMBERSHIP FORM**

Achieving Aspirations is committed to protecting all young people attending our services.

So that we have all the relevant information that we need to ensure safety at any group or event, we would be grateful if you could carefully complete the following information.

**A parent or guardian should complete this form if you are under 16 years of age.**

We need the information you share with us to run our exciting activities and to satisfy our legal responsibilities. We'll keep it safe for as long as your son or daughter is a member of the sleepover club.

We promise we will only share your information if:

you ask us to

the law requires us to

in order to comply with our policies so your son/daughter can enjoy our activities safely

it is in the public interest.

We will never sell your data or share it for any other reason.

To read our full policy go to Privacy Policy on our website: https://www.achievingaspirations.co.uk/

**EVENT DETAILS:**

Details of event: Sleepover Club

Venue: Felixstowe Ferry Centre, Ferry Road, Felixstowe IP11 9RT

Contact Details: annaboulton@achievingaspirations.uk

**MEMBER DETAILS:**

Please complete the following:

|  |
| --- |
| Young Person Picture  Here  Name of Member:  Date of Birth:  Age:  Gender:  School:  Activities Unlimited Number (If relevant):  Home Address:  Postcode:  Telephone number:  Cultural/ Linguistics background & Racial/ Ethnic Origin:  Any specific medical needs we need to be aware of?  Any specific dietary needs we need to be aware of?  Any allergies we need to be aware of? |

**EMERGENCY CONTACT DETAILS:**

Please give details of parent/s or legal guardian/s who can be contacted in case of emergency.

|  |  |
| --- | --- |
| Name:  Relationship to Member:  Home Address:  Home Tel:  Mobile:  E-mail: | Name:  Relationship to Member:  Home Address:  Home Tel:  Mobile:  E-mail: |

**MEDICAL INFORMATION FORM**

The following information and consent are requested to ensure the health and wellbeing of all club members. Information contained in this form is confidential and will only be shared with those who need to know, to safeguard the members health and wellbeing.

Name of Member:

Name of Doctor:

Doctor’s surgery address:

Doctor’s telephone number:

Please provide details of any MEDICAL conditions/ diagnoses that staff should be aware of (eyesight, hearing or other Health Concerns):

|  |
| --- |
| **\*ALL MEDICATION WILL HAVE TO BE IN DATE, WITH CORRECT TIMES & DOSEAGE ON THE LABEL \***  **- PLEASE ONLY PROVIDE NEW (UNOPENED) BOTTLES/ PACKETS WITH THE RIGHT AMOUNT FOR MY STAY -**  Please state Times & Dose of any medications & how the medication is given: |

Please detail any allergies to food/ medication or creams

And any dietary requirements:

|  |
| --- |
|  |

Any other important information that we need to know?

|  |
| --- |
|  |

**DECLARATION OF CONSENT**

**To be completed by the members Parent or Legal Guardian – for those under 16 years of age.**

Name of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to the named young person joining Achieving Aspirations and participating in all core activities of the club. I understand that I will be asked for specific consent for all additional activities or events organised by Achieving Aspirations.

I agree for Achieving Aspirations to allow other Members who access the Service to be aware of the clubs or stays I am attending:

Please tick: Yes 🞎 No 🞎

I agree to the club member receiving emergency first aid by a trained member of staff if needed.

Please tick: Yes 🞎 No 🞎

**Use of photographs, film or video recordings**

During participation in the club, photographs and film clips may be taken. We would like your permission to use these in the following ways: in Achieving Aspirations publications, on the Achieving Aspirations website, at exhibitions and to share with trusted partners and funders such as the local council to promote the work of the organisation. You should be aware that the Achieving Aspirations website is viewed by a worldwide audience and that Achieving Aspirations cannot prevent pictures being copied and used by others.

I consent to the named young person’s image (photo/video) being used in the following ways as described above, please tick.

In Achieving Aspirations Publications Yes 🞎 No 🞎

On Achieving Aspirations’ website Yes 🞎 No 🞎

At exhibitions/ external (Newspapers/ Any Social Media) Yes 🞎 No 🞎

**Travelling to and from the club**

Young person will be travelling to the club on their own Yes 🞎 No 🞎

Young person will be travelling home on their own Yes 🞎 No 🞎

If being transported to and from the club by another person other than a parent please state who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state a password that you would like to use between Family Members when collecting the above-named Young Person from the club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_