**Happy, Healthy & Active Holidays (HHAH)**

**Child Registration Form**

You can sign up to take part in the Happy, Healthy & Active Holidays by completing the registration form online by visiting [www.hhah.telford.gov.uk](http://www.hhah.telford.gov.uk), please try sign up using our website first as it will make it really easy for you to book on to holiday activity sessions online. If you are not able to complete the online form please fill out the details below and get in touch with the holiday club you’re interested in with this form to get them signed up for that session or contact [HolidayActivityHub@telford.gov.uk](mailto:HolidayActivityHub@telford.gov.uk)

**Section 1: Contact Details** *Sections marked with* ***\**** *required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Child’s **full** name | |  | | | |
| \*Date of birth (D.o.B) | |  | | | |
| \*Gender | | Male | | Female | |
| \*Nursery/school/college attending | |  | | | |
| \*School Year (*e.g. reception, year 1, year 2 etc.)* | |  | | | |
| \*Home Address and post code | |  | | | |
| \*Is address confidential? | | Yes | | No | |
| \***Contact number** | | Home number | | Mobile number | |
| *Please include at least one:* | |  | |  | |
| \*E-mail | |  | | | |
| **PARENT / CARER DETAILS** | | | | | |
| \*Parent / Carer’s **full** name | |  | | | |
| \*Relationship to child | |  | | | |
| \*Contact number | |  | | | |
| \*I receive income related benefits | | | Yes | | No |
| \*I receive/am eligible for Income Related Free school meals?\* | | | Yes | | No |
| \*If you are picking up your child at the end of a holiday club session please give details of adult(s) collecting your child – if your child **does not** require collecting, please tick *‘does not require collecting’* | | | | | |
|  | CHILD **DOES NOT** NEED COLLECTING | | | | |
| Full name of adult collecting | |  | | | |
| Relationship to child | |  | | | |
| Contact number | |  | | | |

**Section 2: Emergency Contact** *Sections marked with* ***\**** *required*

In the event of an emergency we aim to contact the Parent/Carer named in **Section 1: Contact Details**.Pleaseprovide details for at least 1 other adult in case the Parent/Carer is not available.

|  |  |
| --- | --- |
| **Emergency Contact 1** | |
| \*Full name |  |
| \*Relationship to child |  |
| \*Contact number |  |

**Section 3a: Medical Information** *Sections marked with* ***\**** *required*

**Does your child have any medical conditions and/or special needs or other support that the club needs to be aware of?** Please provide all medical details below – this is very important for us to know to provide the best support for your child.

|  |  |
| --- | --- |
| \*What GP / Doctors Practice is your child registered with |  |
| GP Name |  |
| \*GP Telephone |  |
| \*GP Address |  |

**\*Does your child have any medical conditions we need to be aware of? Yes/No**

If **yes**, please provide details in box below:

**\*Does your child take any medication?** **Yes / No**

If **yes**, how often does medication need to be taken – please detail in box below:

**Will child need help to administer medication during provision or do they do it themselves?** Please provide any details in the box below that we should know*(write N/A if child does not need medication provided during session)*

**Section 3b. Allergies / Dietary needs** *Sections marked with* ***\**** *required*

**\*Does child have any allergies or special dietary requirements?** **Yes/ No**

If **yes**, please provide details below:

*For example: vegetarian, vegan, lactose intolerance, wheat intolerance, gluten, eggs, fish, lupin, mollusc, mustard, nuts, peanuts, sesame, soya, penicillin.*

**4a. Special needs and disabilities**  *Sections marked with* ***\**** *required*

**\*Does child have any special needs or disabilities that the club should be aware of? Yes / No**

If **no** - If your child does not have any special needs and disabilities the following questions can be skipped and you can move on to **Section 5: Consents**

If **yes**, please provide details below of these needs:

**Does your child require any support? If they do please give details below:**

**If needed, will an additional person (or persons) attend the activity club to support your child? Yes / No**

Adult Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4b. Mobility**

Does your child require any specialist equipment or support to aid mobility? If your child has any mobility difficulties please tell us the details. **Yes / No**

If **yes**, please provide further details below:

Does child have any equipment that is needed to support mobility? **Yes / No**

**If yes, will this be available to use during HHAH activities? Yes / No**

**4c. Behaviour support**

Please provide further detail about any regular behaviour’s that your child may show and how you respond to these behaviours i.e. techniques that do/don’t work.

**4d. Feeding**

Please tell us about any feeding requirements your child may have such as supplements / equipment.

**Does child have any feeding requirements? Yes / No**

If **yes**, please provide further information below including any equipment or required support if needed.

**Do you have a feeding risk assessment? Yes / No**

Please tell us if your child requires any specialist support with feeding:

**4e. Communication**

**How does your child communicate?** Please tick an option below

Verbally

Non-verbally

Using communication aid

Please tell us about any communication aids or type of communication that they use below:

**If they have specialist equipment, will this be available to use during the activities? Yes / No**

**4f. Personal care**

Please provide any personal care needs your child may have.

**Does child have any personal care needs**? **Yes / No**

If **yes**, please provide give details below:

**Any equipment needed to support this?** **Yes / No**

Please tell us about any support your child needs during the holiday activities such as any equipment:

**4g. Travel and Safety**

Please provide any travel needs your child may have that is needed for them during the holiday activities.  
**Does child have any travel and safety needs? Yes/ No**

If **yes**, please provide further details below:

**Section 5. Consent** *Sections marked with* ***\**** *required*

**\*Please circle YES or NO to the following statements you are happy with and consent to a holiday club member doing if needed:**

I give my consent to the following:

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | \*I agree to my child being given basic first aid by a trained first aider. I understand I will be contacted of any first aid treatment that is carried out. |
| **YES** | **NO** | \*I agree that my child requires support with applying sun lotion. |
| **YES** | **NO** | \*In the event of an emergency I agree to my child being given any  Treatment, including general anaesthetic, which is felt necessary by a qualified medical or dental practitioner. I understand that reasonable efforts will be made to contact me as early as possible |
| **YES** | **NO** | \*I agree that you may use my child’s name and photo in Telford & Wrekin Council/Holiday Club Providers newsletters, newspapers, magazines, bulletins or on our website, or our social media accounts (for example our Facebook page or Twitter account) or any marketing. |

I understand that:

* this material will appear in public areas;
* some or all of this information may be used by the Council in the course of their business (advertising / publicity) and my consent is conditional upon compliance with the Council’s obligations under the law including the General Data Protection Regulation;
* where the image is used on the internet or social media, that the Council will take all reasonable steps to ensure that image is used appropriately but I acknowledge that the Council is unable to provide complete assurance, due to the nature of the internet and social media, and that once the image has been published the Council has limited control over where the image may appear or how it may be used by other people.
* That where the image is used digitally e.g. posted on the internet, that the Council may not be able to remove all copies of the images from the internet.

*We need written permission from you for your child(ren) if they are under 13 years old or if the person that the permission relates to does not have the capacity to give their consent.*

"I confirm that the information I've provided for my child is accurate and give permission for my child to attend the HAF programme"

|  |  |
| --- | --- |
| \*Parent/Carer Signed |  |
| \*Parent/Carer Full Name |  |
| Date Signed |  |

"I am aged 13-16yrs and confirm that the information provided is accurate and give my permission to attend the HAF programme"

|  |  |
| --- | --- |
| \*Child Signed |  |
| \*Child Full Name |  |
| Date Signed |  |

#### Privacy notice – Why we collect your data and what we will do with it

##### Telford & Wrekin Council’s Health Improvement Team are collecting your/your child’s personal data to allow you to book onto the Councils Happy Healthy Active Holidays. The legal basis for collecting this personal data are Articles 6(1)(a), 6(1)(b), 6(1)(e) and 9(2)(a), 9(2)(e) and 9(2)(g) of the UK Data Protection Act 2018/General Data Protection Regulations. Telford & Wrekin Council will share your registration form with activity providers to allow the provider to offer a safe activity which takes into account your child’s specific needs. Telford & Wrekin Council will not share any of your/your child’s personal data collected with any other external organisations unless required/permitted to do so by law. For further details on the council’s privacy arrangements please view the [privacy page](https://www.telford.gov.uk/terms) on the council’s website page.