Logo, company name

Description automatically generatedLogo

Description automatically generated

Updated Nov 2022

Out & About Application Pack

If you are interested in applying for a place at the Out and About Project, please complete the following two forms and return them to us at [office@lwca.co.uk](mailto:office@lwca.co.uk) or post to

***Leeds Weekend Care Association***

***Suite 4, Gledhow Mount Mansion, 32 Roxholme Grove, Leeds, LS7 4JJ***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LWCA ‘Out & About Project’ APPLICATION FORM | | | | | | | | | | |
| Young Person’s Name: | |  | | | | | | | | |
| Date of Birth: | |  | | | | | Gender – Male / Female / Other | | | |
| Parent /Carer Name(s): | |  | | | | | | | | |
|  | | | | | | | | |
| Address: | |  | | | | | | | | |
| Parent/Carer Contact Details: | | Home Phone Number: | |  | | | | | | |
| Mobile Contact 1: | |  | | | | | | |
| Mobile Contact 2: | |  | | | | | | |
| Emergency Contact: | |  | | | | | | |
| Parent/ Carer Email: | |  | | | | | | |
| Young Person’s School: | |  | | | | | | | | |
| Young Person’s Lead Professional and their contact details: | |  | | | | | | | | |
| Young Person’s Social worker and their contact details: | |  | | | | | | | | |
| Diagnosis:  EHCP – Y/N | | | | | | | | | | |
| Medication &/or Allergies: (Please highlight any medication to be given whilst at the scheme)    Special Dietary Considerations: | | | | | | | | | | |
| Feeding:  (Please circle) | With help | | | | | Without help | | | | |
| More info… | | | | | | | | | |
| Mobility:  (Please circle) | W/C User | | | | K-Walker/Frame/Stick | | | | Mobile | |
| More info… | | | | | | | | | |
| Toileting:  (Please circle) | Wears pads | | Assistance needed | | | | | Prompt | | Independent |
| More info… | | | | | | | | | |
| Speech:  (Please circle) | Verbal | | Non-verbal | | | Communication Aids/PECS | | | | Makaton user |
| More info… | | | | | | | | | |
| Behaviours: ( e.g. Active, tendency to wander/abscond, seeks attention, damages furniture, injures themself, hits out at others) | | | | | | | | | | |
| Triggers for behaviours: | | | | | | | | | | |
| De-escalation/Calming Techniques: | | | | | | | | | | |
| Young Person’s Likes: | | | | | | | | | | |
| Young Person’s Dislikes: | | | | | | | | | | |
| Other Useful Info:  (e.g. Worries/obsessions & skills/achievements)  Which other Short Breaks does the young person access? | | | | | | | | | | |

Form completed by –

Parent/Carer Name & Signature –

Date form completed –

Logo

Description automatically generated

Logo, company name

Description automatically generated

Application for Leeds Weekend Care Association – Out & About Project

Held at various activity and entertainment venues around Leeds

Fees are £10.00 - £30.00 per session, payable in advance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Childs name | | | | | |
| Parent/carer name | | | | | |
| Parent/carer email | | | | | |
| Parent/carer telephone(s) | | | | | |
| Which day would you prefer to attend? (Please highlight all that apply)  PLEASE NOTE -Our usual trip days are Tues/Weds/Thurs but can have occasional on Mon/Fri/Sun | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Sunday |

Which of the following activities would you like to be invited to?

|  |  |  |
| --- | --- | --- |
| Please tick all that apply | YES | NO |
| Bowling |  |  |
| Cinema |  |  |
| Theatre |  |  |
| Snooker/Pool |  |  |
| Night in (youth club type activity at East End Park) |  |  |
| Stockeld Park |  |  |
| Theme park / Forbidden Corner |  |  |
| Park – e.g. Roundhay, Temple Newsam |  |  |
| Putt Stars Golf |  |  |
| Clip ‘n’ Climb |  |  |
| Laser Zone |  |  |
| Trampolining (Gravity at Kirkstall) |  |  |
| Circus |  |  |
| Yorkshire Wildlife Park |  |  |
| Ninja Warriors |  |  |

Please write below any other Ideas or suggestions that your child would be interested in -