

THIS IS A BOOKING/REGISTRATION FORM. YOUR PLACE WILL BE SECURED ON RECEIPT OF PAYMENT AT WHICH POINT FURTHER DETAILS ON PROGRAM CONTENT, PREPARATION AND CONDUCT WILL BE PROVIDED.

DETAILS OF THE ACTIVITY

SESSION DETAILS	DAY	DATE	TIME
	MONDAY	15TH AUGUST	REGISTRATION FROM 9.30AM. 10AM – 2PM.
	TUESDAY	16TH AUGUST	10AM – 2PM.
	WEDNESDAY	17TH AUGUST	10AM – 2PM.
	THURSDAY	18TH AUGUST	10AM – 2PM.
	FRIDAY	19TH AUGUST	10AM – 2PM.
LOCATION	4C, WEAVERS COURT BUSINESS PARK, LINFIELD ROAD, BELFAST, BT12 5GH		

CONTACT DETAILS OF STAFF IN CHARGE

NAME	MEADHBH MCILGORM
EMAIL	MEADHBH@WHEELWORKSARTS.COM
TEL NO	028 9024 4063

PATICIPANT INFORMATION

CHILD / YOUNG PERSON'S FULL NAME			
ADDRESS			
POSTCODE		HOME PHONE NUMBER	
DATE OF BIRTH		CURRENT AGE	

PARENT / GUARDIAN INFORMATION

EMERGENCY CONTACT INFORMATION

PARENT / GUARDIAN NAME		EMERGENCY CONTACT NAME	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	
MOBILE NUMBER		MOBILE NUMBER	
EMAIL		EMAIL	

MEDICAL INFORMATION

NAME OF DOCTOR		DOCTOR TELEPHONE NUMBER	
DETAILS OF ANY KNOWN CONDITIONS, ALLERGIES, INCLUDING THOSE RELEVANT TO ANY OFFSITE ACTIVITIES. (E.G. AUTISM, ADHD, ASTHMA, DIABETES, EPILEPSY, ALLERGIES)			

DETAILS OF ANY MEDICATION CURRENTLY BEING TAKEN FOR THE CONDITION**ANY FURTHER INFORMATION ABOUT YOUR YOUNG PERSON / CHILD THAT YOU WANT TO SHARE****CONSENT FOR PHOTO/VIDEO**

WHEELWORKS DOCUMENTS OUR PROJECTS AND PROGRAMS FOR A VARIETY IN A VARIETY OF MEDIA BUT ALWAYS IN LINE WITH GDPR AND SAFEGUARDING POLICIES

MAY WE CAPTURE IMAGES/RECORDINGS OF YOUR YOUNG PERSON / CHILD ON THIS PROGRAM

YES

NO

MAY WE USE IMAGES/RECORDINGS OF YOUR YOUNG PERSON / CHILD FOR PROMOTIONAL PURPOSES (INCLUDING USE ON SOCIAL MEDIA AND WEBSITES)

YES

NO

PAYMENT DETAILS**COST****£150 PER PERSON****PAYMENT OPTIONS**

**PAYMENT CAN BE MADE BY BACS TRANSFER OR CHEQUE.
AN INVOICE WILL BE ISSUED TO YOU FOR PAYMENT ON RECEIPT OF A COMPLETED BOOKING FORM.**

BY COMPLETING THIS FORM I CONSENT TO MY CHILD PARTICIPATING IN THIS PROJECT & I WILL;

- INFORM THE STAFF IN CHARGE OF ANY CHANGES TO MY CHILD'S HEALTH, MEDICATION OR NEEDS WHICH COULD AFFECT THEIR PARTICIPATION IN ACTIVITIES**
- INFORM STAFF IN CHARGE OF ANY CHANGES IN ADDRESS OR RELEVANT NUMBERS GIVEN ABOVE**
- INFORM STAFF IN CHARGE OF ANY ABSENCE OR CHANGE TO THEIR SCHEDULED PICK-UP TIME**
- DISCUSS WITH MY CHILD ACCEPTABLE BEHAVIOR AND INSIST THEY FOLLOW THE RULES AND POLICIES OF WHEELWORKS**
- AGREE WITH MY CHILD THAT THEY DO NOT LEAVE THE PREMISES DURING THE ALLOCATED SESSION TIMELINE**

SIGNATURE:*(Parent / Guardian)***PRINT NAME:****DATE:**