A group of animals in a circle

Description automatically generated Parklands RDA & HunnyBeez Farm Ltd

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| --- | --- | --- |
| Participant Name | | Parent/Carer/guardian Name |
| Address | | Address (if different)  Phone Number  Email |
| Date of Birth  Age | | Emergency Contact name  Phone number |
| GP Name  Address  Phone Number | | Social Worker Details (if applicable)  Name  Council  Phone Number |
| Has the participant taken part in similar outdoor activities Y / N | |  |
| For adult stay sessions only - How will the participant arrive to sessions *(please tick)*  own transport family member taxi other  If the participant is to be collected by anyone other than the legal guardian, please put details below | | |
| Photo Consent. We often take photos for participants diaries. We like to share these on our media. Please tick below for your consent  website facebook page other social media | | |
| Contact Permission - *please tick*  (texts will be sent for any changes to situations on the day, for example, changes due to weather)  Text Email Landline | | |
| **Medical Conditions** - To ensure we can offer the best and safe services to all our participants please give as much detail as possible in the questions below. | | |
| Please notify us of any medical conditions or diagnosis the participant has. | | |
| Does the participant have any mobility needs? Y / N  Please explain these requirements | | |
| Does the participant have any visual impairments? Y / N  Please explain these impairments | | |
| Does the participant have any hearing impairments? Y / N  Please explain these impairments | | |
| Dietary Allergies | Allergies | |
| Does the participant suffer with epilepsy? Y/No  Please give more information on the type of epilepsy and any procedures/medications required. | | |
| **The information given below will enable us to provide the required help within our sessions.** | | |
| Does the participant require and help with reading or writing? Y / N  Please explain | | |
| How is the participants ability to make their own decisions? Please tick as relevant  Can make own decisions  Will requires some prompts  Needs things explained very clearly before making a decision  Requires lots of prompts and explanations.  May need help to make a final decision.  Relies completely on others to make decisions. | | |
| Does the student have any behavioural challenges Y / N  Please explain any triggers and how best to ease the situation.  Will a support worker be in attendance Y / N  Name | | |
| Has the participant ever exhibited any inappropriate sexual behaviour or comments to others? Y / N  If yes please explain. | | |
| Do you require one-one support? | Y / N | |
| If yes please supply the details of who will be providing this. Individuals must have current DBS checks |  | |

Please tick sessions of interest

|  |  |
| --- | --- |
| Monday am | Monday pm |
| Tuesday am | Tuesday pm |
| Wednesday am | Wednesday pm |
| Thursday am | Thursday pm |
| Friday am | Friday pm |

Please tick areas of interest

* Equine skills
* Horse riding

(this is carried out separately with Parklands RDA based at the care farm)

* Horticulture
* Farm work
* Poultry

Please ensure you have read our welcome packs and T&Cs before starting with us. This will ensure you understand our policies including health & safety on the farm, behaviour and how to dress for our sessions.

Signed………………………………………………………………………………parent/guardian

Date…………………………………………………………………………………..