

CAMBERWELL AFTER SCHOOL PROJECT

APPLICATION FORM

Please Fill In All Relevant Information And Sign

1. Child's Details

Child's Surname: Forename:

Sex: Religion:

Date of Birth: Age:

Place of Birth:

1st Language:

Other Languages Spoken:

School Attends:

2. Details of Parents/Guardians

Mothers Name: Fathers Name:

Home Address: Home Address:

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Home Tel. Number: Home Tel. Number:

Mobile: Mobile:

E-Mail Address: E-Mail Address:

Is this the child's address?

Yes No

Is this the Child's address?

Yes No

Mother

Name of Employer/Place of Study

.....

Address:

.....

.....

Tel. Number:

Father

Name of Employer/Place of Study

.....

Address:

.....

.....

Tel. Number:

3. Name of General Practitioner (G.P.):

Address:

.....

Tel. Number:

4. Name of another Adult Who Might Collect Your Child and/Or Be Contacted in an Emergency

Name: Tel. Number:

Address:

.....

Relationship to Child:

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Have You A Child Already At The Project? Yes No

5. Other Agency or Support Workers Involved With Your Child's Care

Agency Name: Tel. Number:

Address:

.....

Contact Person: Position:

6. Does Your Child Suffer From Diabetes, Epilepsy, Sickle Cell, Asthma, Or Any Other Medical Condition? YES NO

If Yes, Please State:

.....

Has Your Child Any Special Needs We Should Be Aware Of?
YES NO

If Yes, Please Provide Details:

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Any Special Dietary Needs?

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Please State, Briefly, Why you need This Service:

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7. Please State Which Service You Are Applying For:

Breakfast & Escort to School After School Collection

Holiday Play Scheme

Days Required: Monday Tuesday Wednesday

 Thursday Friday Saturday School

Please State The Ethnic Origin Of Your Child:

African Asian Black British Black Caribbean

Chinese Vietnamese White European

Other (Please Specify)

8. How Did You First Hear About The Camberwell After School Project (CASP)?

CASP Publicity Materials Child's School Friends/Relatives
Newspapers Radio Other

CASP processes information about members of CASP, applicants, children, and other individuals for purposes of the administration and promotion of the organisation, and the effective provision of child protection and welfare services.

Agreement to CASP processing some specified classes of personal data is a condition of acceptance of a child into any of CASP's services.

I consent to CASP processing, disclosing relevant personal data as set out above, including the processing of sensitive personal data.

I attach a document with any objections to the processing of my personal data []

Signed:

Date:

Child's Name:

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

Space offered YES NO

INTERVIEW ARRANGED _____ ATTENDED _____

Deposit paid: YES NO AMOUNT _____

RECIPT NUMBER _____ DATE RECEIVED _____

RECEIVED BY _____
