

INCLUSION WORKS HOLIDAY AND LEISURE REQUEST FOR SUPPORT



Please send to: Inclusion Works, Early Years and Childcare Team, Services for Children and Young People, Plymouth City Council, Plymouth, PL1 2AA. Tel: 01752 307559 Email: earlyyears@plymouth.gov.uk

Child's legal name:	Date of birth:	Age:	Gender:
Parent/s / carer/s Title: Mr / Mrs / Miss / Ms First name: Surname: Relationship to child: Title: Mr / Mrs / Miss / Ms First name: Surname: Relationship to child:			
Family structure and background (for example, who lives in the family home):			
Address:		Landline telephone number:	
Postcode:		Mobile telephone number:	
Email address/es:			
School child attends:			
Please indicate whether the child has: <ul style="list-style-type: none"> <input type="checkbox"/> Support through School Action Plus <input type="checkbox"/> A Statement of Special Educational Needs <input type="checkbox"/> A diagnosis (if so please provide details below) <input type="checkbox"/> A Common Assessment Framework action plan (CAF) <input type="checkbox"/> A Core Assessment <input type="checkbox"/> A Care Plan 			
Please attach a copy of all appropriate reports and/or assessments			
Please indicate any regular prescribed medication and when it is administered:			

Please give a clear description of your child's specific requirements and the reasons for your request for support from Inclusion Works:

Please state strategies which have been implemented at home to enable you to support your child's individual requirements:

Please state the name and contact number of any professional who is currently supporting your child:

Social Worker:	Name:	Number:
Occupational Therapist:	Name:	Number:
Community Nurse:	Name:	Number:
Communication and Interaction Team:	Name:	Number:
Child and Adolescent Mental Health Service (CAMHS):	Name:	Number:
Other:	Name:	Number:
Other:	Name:	Number:

As part of the evaluation and promotion of Inclusion Works, the service may at times take photographs and video footage of the child/young person. Express permission will be sought to use any such footage or photographs for each individual circumstance. Please indicate below your consent for the child/young person to be photographed/videoed at any time.

I/we do/do not give consent to the child being photographed/videoed

Signature: _____ (adult)

_____ (child/young person)

Date: ____/____/____

Data protection statement

Personal information that you provide will be held securely and will only be shared with Plymouth City Council, Inclusion Workers, activity provision and Network Health and Social Care (where applicable). The information provided will only be used for the purposes of this application. Anonymous statistical information may be passed to the DCSF.

The Data Controller for Plymouth City Council is the Corporate Information Manager based at the Civic Centre, telephone 01752 304067.