



# ADUR SPECIAL NEEDS PROJECT

## APPLICATION FORM

Name.....

Address:.....

.....

.....

Post Code:.....

Contact Number:.....

School:.....

Date of Birth:..... /..... /.....

**Please attach  
A Passport  
Photo here  
(Please see note 1)**

### Parents/Carers Information

Name.....

Address:.....

.....

.....

Post Code:.....

Home Number:.....

Mobile Number:.....

Relationship:.....

### Emergency Contact Details

Name.....

Address:.....

.....

.....

Post Code:.....

Home Number:.....

Mobile Number:.....

Relationship:.....

### Doctors Information

Name.....

Address:.....

.....

.....

Post Code:.....

Contact Number:.....

Signature:.....

### Consultants Information

Name.....

Address:.....

.....

.....

Post Code:.....

Contact Number:.....

Date..... /..... /.....

Parents/Carers

Send to:

Adur Special Needs Project, East Wing Entrance, Civic Centre, Ham Road,  
SHOREHAM-BY-SEA, West Sussex, BN43 6PR

Registered with Ofsted & West Sussex Social Services  
Registered Charity No. 1088423



## Other Information

(Please see note 3)

Likes:.....

.....

.....

Dislikes:.....

.....

.....

## Photos

Permission to attend activities arranged by ASP YES/NO

Permission to swim YES/NO

Permission to use bouncy castle YES/NO

Permission to have face painted YES/NO

Permission to have photograph taken YES/NO

Permission for ASP to use photograph for confidential file use only YES/NO

Permission for ASP to use photograph for ASP office use only YES/NO

Permission for ASP to use photograph at ASP venues only – Glebelands, Lancing Youth Club, etc. YES/NO

Permission for ASP to use photograph at other venues such as exhibitions, etc. YES/NO

Signature:..... Date..... /..... /.....  
Parents/Carers

## Notes

### Note 1

Please supply recent photographs of your young person. It is a Regulation of Ofsted that we keep a photographic record of each member and we would be grateful if you could supply us with at least 3 recent photographs for confidential and medical file use.

### Note 2

Will your young person require assistance with eating and drinking? Will your young person require assistance with personal care? If communication is a problem, do they use Makaton? Please give as much information as you can to help us meet their needs.

### Note 3

Please give as much information as you can on any activities your young person likes or any activities that they particularly dislike as well as any fears they may have, e.g. fear of the dark, fear of loud noises; this will enable us to assess certain situations and decide whether to avoid them.