

WINTER 'WACKY'

Information & Booking Form

Winter WACKY offers a packed programme of activities for young people with disabilities aged 13 - 25 to take part in over February half term. Projects will be based at The DofE Marina Project Shepley Bridge Marina Huddersfield Road Mirfield WF14 9HR. Activities will run from Tuesday 16th – Friday 19th February from 10.30 – 3.30 daily. There will be an opportunity to choose from at least eight different activities each day, which were chosen consultation with young people.

The activities on offer include arts, crafts, DJ workshops, circus skills, digital photography and music. The more energetic amongst you will enjoy a choice of sporting activities inc: canoeing, cycling, fishing, bush craft, archery and rock climbing. We have arranged visits to places of interest and the very popular themed narrow boat trips. Pampering sessions, healthy eating and environmental projects have also been requested and for those exhibitionists we have our very own 'WACKY's Got Talent'.

A towel and a change of clothes are required for water activities. Please come dressed for the season with warm clothes, suitable footwear and a waterproof jacket should prepare you for our varied British weather. To get a flavor of last year's WACKY watch the film on www.kirkleesdofe.org.

WACKY is an activity programme and we welcome all young people with a disability however we do not have staff to provide one to one or two to one support. We would encourage you to come along with your personal assistant/carer if required; this has been the case over many years and has worked really well.

Arrangements have been made with the Ship Inn on Stenard Lane Mirfield to use their car park for pick up and drop off. If you are coming in a vehicle please arrange to be dropped off in the car park at 10.15am. You can then be collected at the end of WACKY at 3.45pm in the Ship Car Park. The venue is easily accessible by public transport and the bus stops are just across the road from the Marina if you are coming from Huddersfield and around 10 meters from the Marina entrance if you are travelling from Dewsbury.

The cost of WACKY is £5.00per person on the day or £4.00 if paid in advance, a saving of £1 per day. Payment by card, cheque or cash is acceptable. Cheques should be payable to Kirklees Council. It is not possible to give refunds though for non attendance. Please ring the office on 01484 225952 to pay by card.

A packed lunch & drink will be required each day and a small amount of spending money for tuck shop.

To book your place please complete and return the attached Registration Form and send it to the office at the address above. We only have the capacity to accommodate around fifty young people per day so to avoid disappointment a prompt reply is advised. It is recommended that you keep a note of all the dates you have booked to avoid any confusion.

Please don't hesitate to give me a call on the above number if you require any further information. I believe we have the perfect ingredients for a fantastic project. All we need now is you, so don't delay book today either by e mail or post.

Yours Sincerely

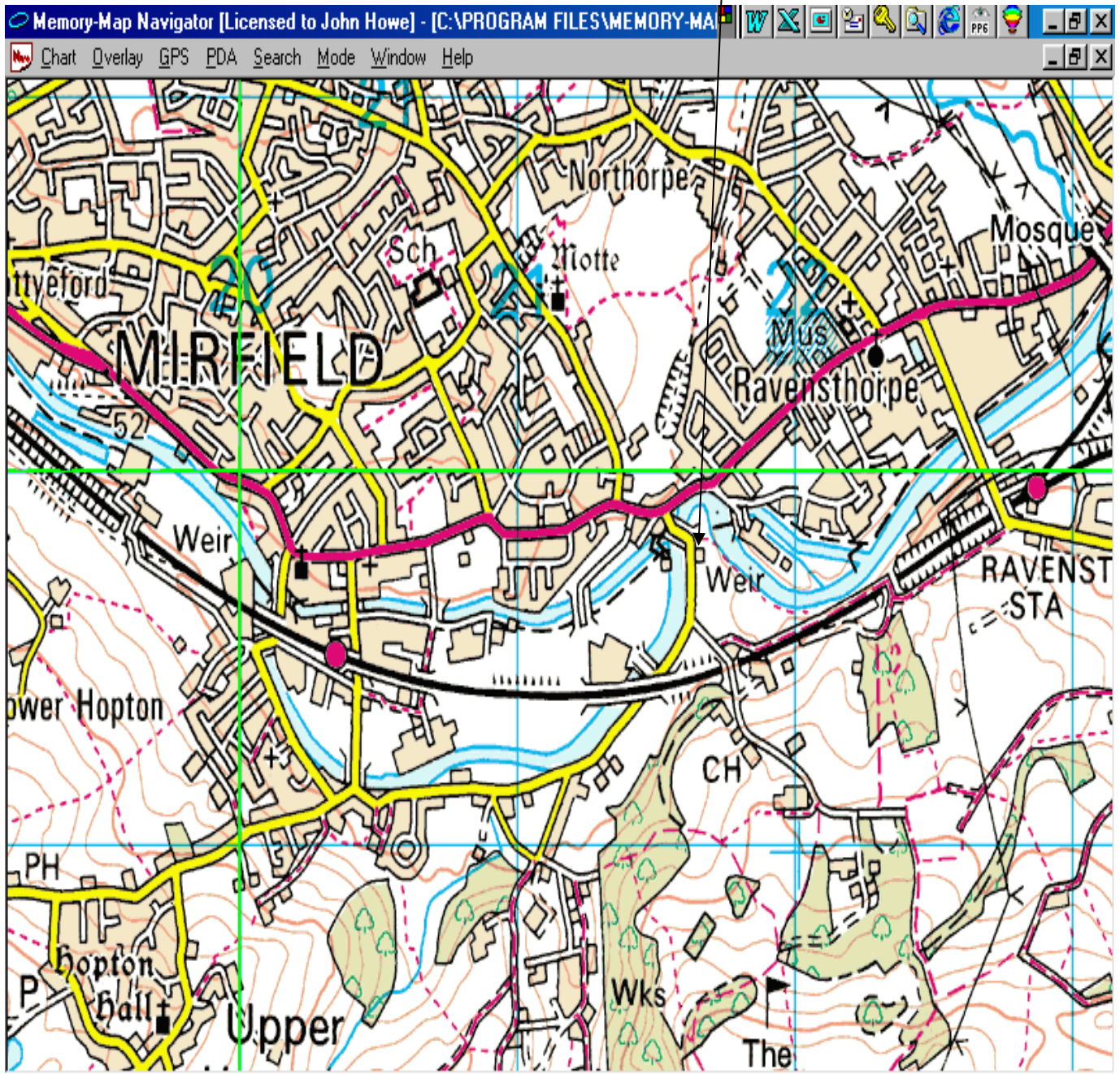
Denise Bedford

Denise Bedford MBE
Duke of Edinburgh's Award Manager

DofE Marina Project Shepley Bridge Marina

Huddersfield Road Mirfield WF14 9HR

Ship Inn Public House Car Park



Shepley Bridge Marina is on the A644 (Huddersfield Road) opposite the Swan Public House Mirfield.

The 203 bus from Huddersfield Bus Station Stand Y or 262 bus from Dewsbury Bus Station stand 14.

If you are coming in a vehicle we have had permission to park in the:
Ship Inn Car Park Stenard Lane, Mirfield, West Yorkshire WF14 8HB

We will be waiting for you to be dropped & picked up in the Ship Inn car park at the appropriate times.

Kirklees Young Peoples Service Registration Form MIS YP1 (2016)

Project Name	WACKY (Wild Activities Challenging Kirklees Young People)
Young People Service Team	DofE Team
Venue	DofE Marina Project Shepley Bridge Marina Huddersfield Road Mirfield WF14 9HR
Young Person Details *	
First name :	Last name :
Date of Birth:	How did you hear about the project:
Age:	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity : (Optional) please circle	A1 Indian / A2 Pakistani / A3 Bangladeshi / A4 Asian (other) B1 Black African/ B2 Black Caribbean/ B3 Black Other/ C1 Chinese / M1 Mixed Race-Asian/ M2 Mixed race-Black/ M3 Mixed Race-European/ O1 Other/ V1 Vietnamese/ W1 White UK/Irish / W2 White European/ Rather not say
Address *	
Address1 :	
Address2 :	
County :	
Postcode :	
Home telephone :	
Mobile telephone :	
E mail Address :	
Emergency Contact *	
Name :	
Telephone Numbers :	
Relationship :	
GP Details: Name: Address: Telephone	
Can the GP be contacted if required:	
Additional Info.	
Employment/ School/College :	
Name of School / College :	
Please give details of any Disabilities:	
How does the above affect daily functioning:	
How does the young person communicate with others:	
Supplementary Info.	
How do you get to the project :	
Journey Time :	

Statement of Consent

1. I am aware these schemes are an **open access**** scheme that may include sports, recreational, adventurous activities inc. rock climbing, canoeing, horse riding, sailing, arts and craft, advice information and guidance, media, health and food related projects.

2. I confirm the details of the participant are correct.

3. I know of no medical reason why the Young Person named above should not take part in any activities.

If you do not agree to any of the following please delete as appropriate

4. I understand that this scheme may enable young people to gain accreditation if the participant wishes to be considered for relevant Duke of Edinburgh's/Arts Award/Paddle Power etc..

5. I understand during the scheme photographs and video footage will be taken and that images can be used for promotion and evaluation.

6. I agree that information may be shared with relevant partner agencies, to secure help for young person named, through available support and guidance.

Signature: _____ (Young Person) Date: _____

Signature: _____ (Parent/Guardian) Date: _____

Data Protection Act 1998: The information you provide to Kirklees Metropolitan Council is necessary for project management, development and audit, and also, when appropriate, to secure help for young persons through available support and guidance. It will be used only for those purposes. The Young People's Service may share it with other Council Services and Partner Agencies where this is necessary for and consistent with the stated purposes. For the purpose of the Act the contact is The Information Access Officer, Room 108 High Street Buildings, Huddersfield, HD1 2NQ

What level of support does the young person require (e.g. one or two staff members)?

Does the young person use any special equipment? (e.g. wheelchair)?

What is the young person's level of dependency for toileting?

What significant risks affect the young person?

If the young person becomes distressed or aggressive, how is the situation best dealt with?

Medical Information

Does the young person have any ongoing medical concerns? Please give details:

Is the young person taking regular medication? Please fill in medication below:

Name of Medication	Strength/ Suspension	Dosage	Directions
<i>Eg. Paracetamol</i>	<i>500mg</i>	<i>2 tablets</i>	<i>With water, after food</i>

Is this medication likely to need administering during the activity scheme? Please delete as applicable: Yes / No

Time	Medication	Dosage

Is the young person epileptic? Yes / No If yes please inform us of the best action to take if required?

Does the young person have any allergies?

Substance	Nature of Substance	Symptoms
<i>eg. Penicillin</i>	<i>Antibiotic</i>	<i>Anaphylactic shock</i>

I have ensured that I understand that it is important for **his/her** safety and for the safety of the group that any rules and instructions given by activity scheme staff are obeyed. I undertake to inform the Leader of any changes in the young person's health prior to the activity scheme. I am in agreement that those in charge may give permission for **my son/my daughter/ward** to receive medical treatment in an emergency.

Name of Person completing record: _____

Relationship to participant (if applicable) _____

Signature _____ Date _____

If you pay Income Tax and/or Capital Gains Tax, The Kirklees Award Trust can reclaim 28p for each £1 you give. Please Tick this Box if you allow us your consent and fill in appropriately below. **		<input type="checkbox"/> <i>giftaid it</i>
Name of Donor:		

Please tick the dates you wish to attend Winter WACKY

16 February [] 17 February [] 18 February [] 19 February []

Please keep a note of the dates you have booked. We will not send out confirmation but will let you know by if any of the dates you have chosen are unavailable. Otherwise we will expect you on the days you have indicated. If you could let us know if for any reason you cannot attend so we can re-allocate your place.