

# Young People's Service Play Team

Providing open access play opportunities for all children aged 8 – 12 years

## Valleys Easter Holidays 2012

Tuesday 10 April  
Meltham Broadlands Rec  
11.00am-4.00pm

Tuesday 10 April  
Cliffe House Adventure Playground  
10:30pm-3:00pm

Wednesday 11 April  
Golcar Longfield Rec  
11:00am-4:00pm

Thursday 12 April  
Cliffe House Adventure Playground  
10:30pm-3:00pm

Friday 13 April  
Slaithwaite Basement  
11.00am-4.00pm

Open to all children regardless of their ability and we particularly welcome any child with a disability or sensory impairment.

**Activities provided include – Sports, games, arts, crafts, Bushcraft, games on the Wii, free play, messy activities and lots more.**

Sessions are free of charge and open access, this means that children are free to come and go as they please. Sessions are held at various settings. Some have very good facilities and are easily accessed while others may be held in a park or a play area. We welcome the opportunities to discuss any of our activities please contact **07970970603/07976905068** or send us an email to [Phillip.Blackwell@Kirklees.gov.uk](mailto:Phillip.Blackwell@Kirklees.gov.uk) for further information.

Please complete the consent form on the reverse and hand in on the day



| Project information (for staff Completion prior to issue to young person) * |                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Name                                                                | EASTER HOLIDAYS 2012                                                                                                                                                                                                                                                                         |
| Young People Service Team (e.g. Youth Work, Play, Outreach) etc.            | PLAY                                                                                                                                                                                                                                                                                         |
| Venue                                                                       | VARIOUS                                                                                                                                                                                                                                                                                      |
| Young Person Details *                                                      |                                                                                                                                                                                                                                                                                              |
| First name :                                                                |                                                                                                                                                                                                                                                                                              |
| Last name :                                                                 |                                                                                                                                                                                                                                                                                              |
| Date Joined:                                                                |                                                                                                                                                                                                                                                                                              |
| Date of Birth:                                                              |                                                                                                                                                                                                                                                                                              |
| Age:                                                                        |                                                                                                                                                                                                                                                                                              |
| Gender :                                                                    | Male <input type="checkbox"/> Female <input type="checkbox"/>                                                                                                                                                                                                                                |
| Ethnicity : (Optional)<br>Please circle                                     | A1 Indian / A2 Pakistani / A3 Bangladeshi / A4 Asian (other)<br>B1 Black African/ B2 Black Caribbean/ B3 Black Other/ C1 Chinese /<br>M1 Mixed Race-Asian/ M2 Mixed race-Black/ M3 Mixed Race-European/ O1<br>Other/ V1 Vietnamese/ W1 White UK/Irish / W2 White European/ Rather not<br>say |
| Address *                                                                   |                                                                                                                                                                                                                                                                                              |
| Address1 :                                                                  |                                                                                                                                                                                                                                                                                              |
| Address2 :                                                                  |                                                                                                                                                                                                                                                                                              |
| County :                                                                    |                                                                                                                                                                                                                                                                                              |
| Postcode :                                                                  |                                                                                                                                                                                                                                                                                              |
| Home telephone :                                                            |                                                                                                                                                                                                                                                                                              |
| Mobile telephone :                                                          |                                                                                                                                                                                                                                                                                              |
| E mail Address :                                                            |                                                                                                                                                                                                                                                                                              |
| Emergency Contact *                                                         |                                                                                                                                                                                                                                                                                              |
| Name :                                                                      |                                                                                                                                                                                                                                                                                              |
| Telephone Number :                                                          |                                                                                                                                                                                                                                                                                              |
| Relationship :                                                              |                                                                                                                                                                                                                                                                                              |
| Additional Info                                                             |                                                                                                                                                                                                                                                                                              |
| Employment/ School/College :                                                |                                                                                                                                                                                                                                                                                              |
| Name of School / College :                                                  |                                                                                                                                                                                                                                                                                              |
| Any Disabilities / Medical Conditions:<br>(optional)                        |                                                                                                                                                                                                                                                                                              |
| Disability Details :                                                        |                                                                                                                                                                                                                                                                                              |
| 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, 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 and the participant wishes to be considered for relevant Duke of Edinburgh/AQA/ASDAN/Princes Trust schemes.

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