



How many places would you like on the trip?	Number of disabled children and young people	Number of other children and young people	Number of adults
<b>Leeds Castle</b> Monday 16 <sup>th</sup> August Thanet and Dover	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Digger Land</b> Tuesday 17 <sup>th</sup> August Canterbury and Swale	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Howletts</b> Wednesday 18 <sup>th</sup> August Ashford and Shepway	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Howletts</b> Thursday 19 <sup>th</sup> August Isle of Sheppey, Swale	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where would you like to be collected from and returned to?  
The times given are when the coach **leaves** and families are advised to show up at least five minutes early.

<b>Leeds Castle</b> Monday 16 <sup>th</sup> August Thanet and Dover	<input type="text"/> <b>9am-6pm</b> Cecil Square, Margate	<input type="text"/> <b>9.45am-5.15pm</b> Market Square, Dover
<b>Digger Land</b> Tuesday 17 <sup>th</sup> August Canterbury and Swale	<input type="text"/> <b>9am-6pm</b> New Dover Rd Park and Ride, Canterbury	<input type="text"/> <b>9.45am-5.15pm</b> Sittingbourne Railway Station
<b>Howletts</b> Wednesday 18 <sup>th</sup> August Ashford and Shepway	<input type="text"/> <b>9am-6pm</b> Cineworld Bus Stop, Eureka Business Park, Ashford	<input type="text"/> <b>9.45am-5.15pm</b> Folkestone Seafront by Coach Park
<b>Howletts</b> Thursday 19 <sup>th</sup> August Isle of Sheppey, Swale	<input type="text"/> <b>9am-6pm</b> Bus stop by Tesco and Sheppey College, Sheerness	

***Please include a cheque payable to CASE Kent – Aiming High for £10 for each place requested.  
If your application is not successful your payment will be returned.***

Please fill in the following information regarding you and your disabled child or children:

Parent(s)' name:	
Home telephone number:	Mobile number:
E-mail address:	<input type="checkbox"/> Do you check this address regularly?*
Address:	
	Postcode:
Child(ren)'s name:	Date of Birth:
Your child(ren)'s ethnicity:	School\College attended:

Which best describes your child's disability, impairment or needs?

- |  |  |
|--|--|
| <input type="checkbox"/> Child or young person with Autistic Spectrum Disorder   | <input type="checkbox"/> Child or young person with moving and handling needs that require equipment and adaptations |
| <input type="checkbox"/> Child or young person with complex health needs or a life limiting condition                  | <input type="checkbox"/> Child or young person with disabilities leading to challenging behaviour                    |
| <input type="checkbox"/> Child or young person with complex health needs and physical, cognitive or sensory impairment | <input type="checkbox"/> Young person over 14 years who is severely disabled and wants an age-appropriate service    |

Please provide details of any adaptations that may be required to allow your child to access this service, e.g. wheelchair accessible transport. You can do this on an attached sheet or contact us separately in confidence.

Does he\she receive Disabled Living Allowance?

- |                 |                                 |                                 |                                |                      |
|-----------------|---------------------------------|---------------------------------|--------------------------------|----------------------|
| <b>Care</b>     | <input type="checkbox"/> Higher | <input type="checkbox"/> Middle | <input type="checkbox"/> Lower | <b>Reference No:</b> |
| <b>Mobility</b> | <input type="checkbox"/> Higher | <input type="checkbox"/> Lower  | <b>Other</b> (please specify): |                      |

Is your child on the Kent Disabled Children's Register?

- Yes       No

If your child is not on the register, this may affect your application. If you would like further information about the Register, please contact the Disabled Children's Register Co-ordinator on 01322 611045, or complete an application form at [http://www.kent.gov.uk/childrens\\_social\\_services/disabled\\_children/support\\_for\\_families/childrens\\_disability\\_register.aspx](http://www.kent.gov.uk/childrens_social_services/disabled_children/support_for_families/childrens_disability_register.aspx)

May we have your permission to contact you directly about any future activities or short breaks via...

- E-mail?       Post?

## Consent

- You understand that places are offered on a first-come-first-served basis to families who meet the criteria. Your application and payment will not be accepted until you receive confirmation notice from us.
- You understand that CASE Kent is facilitating this trip for your family but is not offering a childcare service on this occasion.
- CASE Kent is not responsible for any loss of article or injuries of any kind sustained during these trips.
- You understand that CASE Kent will store information about you and your family both on paper and electronically, and that you can ask to see this information.
- This information may be shared with the Short Breaks Programme Office, Kent County Council, the Department for Education and other oversight bodies to report on activities. Information may also be shared with other bodies in the East Kent Core Offer Consortium to enable them to offer your family further short breaks.
- Personal data will be processed in accordance with the Data Protection Act 1988.
- Anonymous statistical data may be used by CASE Kent or other organisations to inform and monitor provision.
- If required, personal data may be passed on to other bodies for the prevention and detection of crime, including fraud and child safeguarding matters.
- You have a right to complain about any aspect of service.

Name of parent:

Signature: \_\_\_\_\_

Date:

Name of child/young person:

*Thank you for completing this form. Please return with your cheque to: CASE Kent Out & About, Foresters Hall, Meeting Street, Ramsgate, Kent. CT11 9RT.*