**Sparkle family activities registration form**

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| **Please tick which area you wish to access activities (the Local Authority that you pay your council tax to)** | | | |
| **Blaenau Gwent** |  | **Monmouthshire** |  |
| **Newport** |  | **Torfaen** |  |
| **Caerphilly** |  | **Other (please state)** |  |

**Please ensure this form is completed in full to avoid a delay in accessing the leisure services**

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| **Family Activities:** | |
| **Which activities are you interested in accessing?** |  |

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| **Child/Young person’s details:** | | | |
| **Name** |  | **Date of Birth** |  |
| **Address & Postcode** |  | | |
| **Parent/Carer(s)**  **names** |  | **Parent/Carer(s) contact numbers** |  |
| **Parent/Carer(s) email address** | **Please note this is essential for communication through the referral process** | | |

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| **Family members:** | |
| **Name of adults who may attend (if different from above)** |  |
| **Name and age of siblings who may attend** |  |

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| **Does your child/young person or any family members attending the session, have any medical conditions that we need to be aware of? If so, please give details:** |
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| **Are there any Manual Handling needs that the team need to prepare for, for any member of the family? E.g. wheelchair access, hoist, etc.**  **If so, please give details:** |
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| **If a parent/carer is completing this registration form, please provide details of a professional involved in the care of their child/young person, who will support application for Sparkle family activities:** |
| **Name:**  **Department:**  **Contact details:** |

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| **Consent to take and use photographs** | | | |
| Sparkle require permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting your child/ young person and any accompanying adult/child for any of the following uses (including worldwide web):   * Sparkle campaigns/appeals incorporating videos, audio CDs, DVDs and other similar communications and data storage media yet to be invented; * Television advertisements, radio advertisements, magazine advertisements, leaflets, information packs, flyers, parenting advice publications, the Sparkle website or any website owned by Sparkle and related sites as well as any other suitable publicity purposes; * Fundraising and promotional materials, educational materials, research materials, lecture outlines, materials required for teaching purposes, for reference in the Sparkle video library and Sparkle photographic library; * Any other material that Sparkle deems furthers its charitable objectives.   **I DO / I DO NOT give my permission (delete as appropriate)**  **I confirm that I have the appropriate authority to give consent for the child/young person named on this form. Please tick option below.** | | | |
| **Signed:**  **(parent/ guardian)** |  | **Date:** |  |

**Please return the completed referral form to ABB\_SparkleActivities@wales.nhs.uk**

If you would like to be kept up to date with activities, events, forums and support groups please tick the box, to confirm you agree to be added to our email contact database

The information you give to Sparkle is important to us. We believe the most important details are yours. We will keep the information you share with us safe and secure.

Data Protection Act (2018) legislation requires us to gain your consent to process your data, without this consent we are unable to progress the referral. If you agree to your information being held by Sparkle, please tick the box

You can find more information on how we use your personal information on:

[www.sparkleappeal.org/blog/sparkle-privacy-policy](http://www.sparkleappeal.org/blog/sparkle-privacy-policy)

**Office Use:**

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| --- | --- | --- |
| **Actions** | **Date** | **Staff initials** |
| Date registration form received |  |  |
| Date acknowledgement email sent to parents/carer/referrer |  |  |
| Date spreadsheet updated |  |  |