

APPLICATION FOR A PLACE ON BIRMINGHAM PHAB CAMP HOLIDAY

Child/young person's Name	Date of Birth
Address	
School / College	Ethnic Origin
Parent / Carer's Name	Relationship to child/young person
Home Number	Mobile Number
Email address	
Does the child/young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief description of the disability	
Does child/young person use a wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes then please all tick the boxes that apply: Manual wheelchair <input type="checkbox"/> Folding wheelchair <input type="checkbox"/> Electric wheelchair <input type="checkbox"/> Can travel on ordinary seat <input type="checkbox"/>	
If appropriate, please provide a brief description of how the child's disability affects the following:	
--- Communication and social interaction	
--- Level of independence with personal care (washing, dressing, feeding, mobility)	
--- Behaviour (issues, difficulties and strategies/ preferred method of dealing with behaviour)	
Names and ages of other family members who may be interested in a holiday	
Please add any other comments that you would like to make about your application	
Would you like to receive our newsletter and details of up-coming events? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please note that the more details you provide us with about the child/young person and their needs will assist us in allocating them to the appropriate Camp. We may get in contact with you to discuss the application and ensure we can provide the young person with a safe and fun holiday.

Please return to

For office use only Camp Year Confirmed