

Better Breaks Application Form 2019:

Your Details

Your Name	
Your Address	
Your Postcode	
Your Home Telephone Number	
Your Mobile Number	
Your Email Address	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Telephone Number	

Places Requested on Outing

Unless there are exceptional circumstances, **places will be limited to 2 adults and up to 4 children** (who are members of your family) per application, **one of whom must be a child or young person (up to 20 years)** with a disability or long term illness/condition for whom you are the parent or main carer.

While we hope that everyone will be able to obtain the places that they have requested, this may not be possible if demand for places is high. In this case, places will be allocated using a range of criteria (copies of which can be obtained from the Carers Centre on request). ***You will be contacted once places have been allocated.***

Please provide information overleaf about places requested.

Apart from you (named above), please give details below of who you would you like to book a place for:

Other Adult Name (if relevant)	Relation to You (eg partner, friend)

Please provide information below for each child you would like to book a place for, providing, where relevant, details of your child's condition:

	Child 1	Child 2	Child 3	Child 4
Child's Name				
Age				
Date of Birth				
Relation to You (eg son, daughter, grandson)				
For each child, please tick any relevant box(es) below to describe your child's condition				
Physical Disability or Long Term Condition				
Learning Disability				
Autism				
Behaviour Disorder				
Sensory Impairment				
Other (brief details)				

Other Services/Support

In relation to your child's additional support needs, what help/support, if any, does your child receive from other services (for example, school, social work, other organisations)? Does anyone else help with the care of your child?

Have you participated in any previous Better Breaks Outings? If so, please give details;

Arrangements for the Day

Will you require transport on the day? Please state if you require wheelchair accessible transport.

Will you require additional support with your children or any other member of your party on the day, for example, help with personal care, help with mobility, any support with equipment? Please give details:

Please let us know about any specific food your child requires or any allergies any member of your party has

Pantomime Options

Please select the outing you and your family would like to attend below in order of preference (i.e 1st, 2nd, 3rd choice).

Outing	Preference
Monday 25 th November 7.30pm: <i>Jack and the Beanstalk</i> (relaxed performance) Larbert Amateur Operatic Society at Dobbie Hall	
Saturday 30 th November 2.00pm: <i>Rapunzel</i> at MacRoberts Art Centre	
Saturday 7 th December 2.00pm: <i>Rapunzel</i> at MacRoberts Art Centre	

Important Information

Transport can be arranged for families who require it and would like to travel with the group. Families are also welcome to travel and attend independently.

Please note: In order to sustain these trips and in keeping with Better Breaks criteria, a small contribution of £5 per head will be required towards admission for everyone attending.

Your Signature and Consent to Share Photographs

Please read the statements below carefully and delete where asked to do so:

- I agree that I will remain responsible for the safety and wellbeing of my children during the outing(s)
- I agree to complete a short monitoring and evaluation form following each outing that can be used to provide anonymous information to Funders on the benefits to families of Better Breaks outings
- I do/do not agree (please delete as appropriate) to photographs of me and/or the other members of my family group being used in the following ways (please delete as appropriate): *Carers Centre Newsletter, Annual Report and Promotional Materials / Promotion of Better Breaks Fund by Funders / Local Press / Facebook/Twitter*
- I am authorized to give consent to share photographs on behalf of each child and family member listed above
- I would like to be added to the Carers Centre mailing list if I am not already registered (please delete as appropriate): YES/NO
- I confirm that all information provided is accurate

Signed: _____

Date: _____

Please return your completed
Better Breaks Application Form to:

Falkirk & Clackmannanshire Carers Centre
Bank Chambers
1A Bank Street
FALKIRK
FK1 1NB

OR post to our FREEPOST address:

Central Carers Association
FREEPOST SC0167
FALKIRK
FK1 1BR

OR email to: centre@centralcarers.org

The **closing date** for applications is **Monday 18th November 2019**.

**For further information or assistance in completing this form: Telephone: 01324 611510
or Email: centre@centralcarers.co.uk**