



Supporting people
with sight loss



LOTTERY FUNDED

OUR
BRIGHT
FUTURE

Vision England Application 14 to 17 years

Residential location choice:	
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Personal details – please complete this section in full and enclose a passport photograph of the applicant

Full name of participant:	
Known as:	
Participant's first language:	
Date of birth:	
Age (years):	
Male/female:	
Full name of primary carer Mr/Mrs/ Miss/Ms:	

Primary carer's details	
Relationship to participant: parent/ guardian/foster parent/carer/other:	
Address:	
Postcode:	
Contact details	
Home telephone:	
Work telephone:	
Mobile number:	
Emergency Number Daytime:	
Emergency Number Evening:	
Email address of participant:	
Email address of parent/guardian:	
Please mark X if you would prefer email communication where possible:	
Primary carer's first language:	

Please indicate the primary carer's reading medium:

Print	
Enlarged print	
Please state point size	
Braille	
Audio	
Other (Please state)	

Please indicate the applicant's principal study method:

For reading		For writing	
Print		Print	
Enlarged print		Enlarged print	
Braille		Braille	
Audio		Audio	
Other (Please state)		Other (Please state)	

Is the applicant?

Partially sighted Blind

Is the applicant registered blind or partially sighted?

Yes No

Emergency Contact Details during the Residentials

You have completed the primary carer details on page one. Will these details also be the main emergency contact details during the residentials?

Yes No

If the emergency contact details will be different (for example, you will be on holiday, staying with relatives or the key primary carer will temporarily change e.g. this will be a grandparent) please give details below.

Name:	
Relationship to applicant:	
Address:	
Postcode:	
Telephone numbers	
Daytime:	
Evening:	
Mobile:	

Please ensure you inform us immediately if these contact details change prior to the start of the residential e.g. change of address or telephone number.

Additional details

School/college placement: We need as much information as possible to enable us to provide a high quality service for your child. Information from the VI teacher and/or school can complement the information you give us.

Name of VI teacher/classroom teacher in school:	
Name and address of school/college (please complete in full):	
Postcode:	
Telephone number (including STD code):	

Do we have your permission to contact the school to seek further information?

Yes No

Type of school: Mainstream Special (VI) Special (non VI)

Percentage of time spent in mainstream classes:	
Level of support received in school:	
Name of Education Authority:	

Vision

Name of Eye condition:	
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Does the applicant wear: Glasses? Contact lenses?

Does the applicant have an artificial eye? Yes No

If yes, which eye? Right Left

Is the applicant able to manage their artificial eye? Yes No

If no, what support is needed?	
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How well does your child use any vision they have in everyday situations? e.g. getting around, steps, poor light conditions

Additional needs and requirements

Please help us allocate places effectively by answering honestly and openly and supplying accurate information in the sections below. This will ensure we take account of the needs of the wider group and can plan any organisational arrangements which may affect the safety and enjoyment of the group during the week. Please do not withhold any information. The more information we have the easier it is to allocate a place and ensure the needs of your child are met.

Additional disabilities

None	
Hearing	
Learning	
Physical	
Speech	
Behavioural	
Other (Please give details)	

Additional difficulties

Please give details of any additional difficulties such as bedwetting, problems with menstruation, emotional behaviour or medical conditions e.g. asthma or epilepsy and any special aids or equipment which are used. Continue on a separate sheet if required.

Additional information

To ensure we take into account the needs of all individuals, please use this space to provide any additional comments about the needs and requirements of the applicant which will assist us in our planning. For example, cultural or faith needs, any needs relating to spoken communication, phobias or any specific information relating to general behaviour. Continue on a separate sheet if required.

Overnight camping is incorporated into the residential programme (residential 2) are there any special considerations to enable participation?

Independence skills

Please tick to indicate your child's level of independence in the following areas:

Use of toilet

Independently

With some assistance*

*If some assistance is required, please give details

Use of bath/shower

Independently

With some assistance*

*If required, please give details

Dressing

Independently

With some assistance*

*If required, please give details

Eating

Independently

With some assistance*

*If required, please give details

Mobility

Independently

With some assistance*

*If required, please give details (e.g. manageable distances)

Do they use a cane for mobility?

Yes

No

If yes, which type do they use?

Long

Symbol

Do they require other mobility aids?

Yes

No

*If yes, please give details

Bunk beds

Venue accommodation is often rooms with bunk beds. Is there any reason that your child cannot occupy a top bunk?

Yes No

Please give details

Medical information

Name and address of family doctor:	
Postcode:	
Telephone number (including STD code)	

Name and address of family dentist:	
Postcode:	
Telephone number (including STD code)	

Important

Please give approximate date of last tetanus injection* (MM/YY)

*if not up-to-date, wherever possible please arrange before the residential and inform us of the date administered to avoid any unnecessary hospital visits during the residential.

Please state any known allergies. Include details of all symptoms and treatment required.

Allergies to medication
Allergies to food
Other allergies e.g. Elastoplast
Is there anything in relation to religious persuasion or cultural linguist background that we need to take into account when planning the residential? Please give details.
Are there any activities your child should avoid for medical or cultural reasons e.g. water sports or theme park rides?
Please give details of any special dietary requirements that need to be met e.g. Vegetarian, Vegan, Halal:

Medication – Please complete in full

If any medication is taken, please complete all columns clearly. It is important you tell us the strength of each dose of medication, particularly if there are different daily doses. (Please copy and continue on a separate sheet)

Name of medication:			
Condition the medication relates to e.g. epilepsy			
Method of application e.g. tablets, drops, liquids, etc			
Strength of dose e.g. 1 x 5mgm tablet			
Times to be taken e.g. 8am or bedtime			
Who is to administer this? e.g. staff, self			
Is this: Routine Occasional Emergency (choose one)			
Special storage requirements e.g. refrigerate			

What non-prescribed treatment (e.g. Paracetamol or Calpol) may be administered for complaints that occur from time to time such as headaches, earache or stomach ache? Please give details below:

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General information

To help us plan our residential activities and staffing levels please comment on each of the following:

Their personal independence
Their social skills
How do they meet new challenges in a strange environment?
Their level of self-esteem
What are you hoping your child will gain from this residential?

Please ask your child to tell us, in their own words, why they would like to attend the residential and what they wish to gain from it?
(Please continue on another sheet if necessary.)

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Has the applicant attended an Activity Break before?

No Actionnaires Day Events

Ethnic group/Religion

RNIB want to make sure that the services we provide reach and are accessible to as many people as possible who can benefit from them. We ask for information about your ethnic origin to help us achieve our goal.

The information you provide will be confidential.

White British		White Other		Asian British	
Asian Bangladeshi		Asian Indian		Asian Pakistan	
Asian Other		Black British		Black African	
Black Caribbean		Black Other		Chinese	
Chinese British		Mixed White and Asian		Prefer not to say	
Mixed – White and Black African		Mixed – White and Black Caribbean		Other (please state)	

Religion (Please State):

Cost of residential

The inclusive cost of the residential programme is £25.00; this is non-refundable once the place is confirmed. RNIB does not accept responsibility for travel arrangements to / from the venue.

Please make cheques payable to “RNIB”. Do not send cash.

Cheques will not be banked until the place has been confirmed. If you would like to pay by BACS please contact the Children, Young People and Families Coordinator.

NB. If you wish to apply for a place but are unable to meet all, or part of the cost, please do not let this stop you from submitting an application for your child. Telephone the Children Young People and Family Coordinator and we will be happy to discuss available options with you.

Joining Information

As part of the joining information we send to parents before the residential we will include a list of staff and children who are participating during the residential. (NB participant's first name, surname, home town and age will be given.)

Please mark (X) if you do not want your child's name to be included in the list sent out with the joining information:

Please return this form, fully completed, together with the total cost of the residential and a passport photograph to visionengland@rnib.org.uk or post to Phil Wagstaff, Vision England Project Officer, RNIB, 5th floor 2 City Approach, Albert Street, Eccles, Manchester M30 0BL (If you do not have a passport photo, this can be sent later, please do not let this stop you submitting the application). Incomplete application forms may be returned unless a covering explanatory letter is included. To ensure the application is given full consideration during the short listing procedure please check that all questions have been answered before returning to us. If you need help completing the form please do not hesitate to contact us.

In order to ensure that residentials are adequately staffed we need full and accurate information about all participants. Please note that we reserve the right to refuse admission to the residentials or to ask a participant to leave the residential if the information given proves inaccurate or the conduct of the participant reaches an unacceptable level.

Photographs and Filming – Photographs and video footage may be taken during events and activities. Photographs will be stored securely and safely.

Should RNIB wish to use any photographs, video material or case studies for marketing, publicity and fundraising do we have your permission to do so?

If not please mark (X) here:

Do you give permission for any photographs, video material or case studies to be used for marketing and publicity of the Big Lottery Fund's Our Bright Future programme (of which Vision England is part)?

If not please mark (X) here:

Privacy Notice

In order to provide you with the best and most efficient service, RNIB needs to use some personal information about you/your child, so that we can deliver services to you/your child.

We do not trade or share customer data outside RNIB unless required by a legal duty. If we need to refer you/your child to another organisation, as part of the service you are receiving from us, we will confirm with you each time that you are happy for us to release your information.

The RNIB Data Protection Policy is available on request.

- If you do not wish to receive further information about other RNIB services appropriate to you and your family please mark X here:

Declaration and Consent

To be signed by the parent/guardian

This form has been completed accurately and I undertake to update the organiser (RNIB), should any of the information in this form be changed.

- a. I agree to my son/daughter taking part in RNIB's CYPF events / activities and have read all the information sent to me.
- b. I acknowledge the need for my son/daughter to behave responsibly at all times during an event / activity. I confirm I will collect them from an event if their behaviour becomes untenable.
- c. I confirm that this form has been completed accurately and I undertake to update RNIB organisers should any information contained on the form or personal circumstances change.
- d. In the event of an accident / emergency, I consent to emergency medical treatment, which may include the use of anaesthetics.

By signing this form you consent to RNIB using the information supplied for the purpose of administering the named event. All information will be treated in the strictest of confidence.

I accept that should I ask a third party to pay the fee and I subsequently cancel the place I accept responsibility to settle all outstanding amounts due to RNIB.

Signed:	
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Print Name:	
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Date:

Relationship to applicant:	
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If you are completing this form electronically please mark X here to consent.