



## Adult Registration Form

BOSP will use the information you provide on this form to deliver the services and support you ask for, to contact you in relation to your bookings, to protect your welfare, and to comply with legal obligations.

Name:		Date of birth:	
Essex Shortbreaks Passport Number:		Gender:	
Home address and postcode:			
Telephone:		Mobile:	
Email:			

### OTHER PEOPLE LIVING AT THE SAME ADDRESS

Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

Is there a **Nominated Authorised Person** to act on your behalf? Yes / No

Name:		Relationship:	
Work/daytime contact number:		Mobile:	
Email address:			
Address if different to home contact details:			

Please provide evidence that your **Nominated Authorised Person** can legally act on your behalf.  
**I have attached copies with this form: YES / NO**

### EMERGENCY CONTACT DETAILS

<b>Contact 1 name:</b>		Relationship:	
Work/daytime contact number:		Mobile:	
<b>Contact 2 name:</b>		Relationship:	
Work/daytime contact number:		Mobile:	

### TRAVELLING ARRANGEMENTS

**How will you be travelling to/from BOSP sessions?**

*(making your own arrangements/travel independently/Nominated Person collecting etc.)*

### PERSONS AUTHORISED TO COLLECT YOU FROM BOSP (MUST BE OVER 16 YEARS OF AGE)

Name:		Relationship:	
Telephone:		Mobile:	
Name:		Relationship:	
Telephone:		Mobile:	

<p><b>In order for you to be collected by someone other than your Nominated Person, a password must be used to verify permission and photographic ID must be shown. Please choose a memorable word. Do not share this word with anyone other than the people named above.</b></p>	<p><b>Password:</b></p>	
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**PLEASE NOTE: A Nominated Person or Emergency Contact MUST be contactable while you are at a BOSP Session. If an incident/emergency situation should occur and no one can be contacted, BOSP will contact Social Services.**

### HEALTH INFORMATION

In order for BOSP to effectively care for your health, we need as much information about your health as possible.

Autism	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	Down syndrome	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Speech & Language Difficulties	<input type="checkbox"/>	Asperger syndrome	<input type="checkbox"/>	Rare condition	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Behavioural difficulties	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>
Awaiting/No diagnosis	<input type="checkbox"/>	Learning difficulties (MLD)	<input type="checkbox"/>	Learning difficulties (SLD)	<input type="checkbox"/>

Other (Please give details)	
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<p>Do you have a DNACPR in place? (Do Not Attempt Cardiopulmonary Resuscitation)</p>
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GP's name:		Telephone:	
Address and Postcode:			
Consultant:		Telephone:	
Based at:			

Please remember to keep BOSP informed of any changes to any medication being taken

Medication:	
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Allergies:	
Nature of reaction:	
What to do in the case of allergic reaction, any medication used and how it is to be used (e.g. Epipen):	

PROFESSIONALS INVOLVED IN YOUR CARE			
Name 1		Role:	
Agency		Telephone:	
Name 2		Role:	
Agency		Telephone:	
Name 3		Role:	
Agency		Telephone:	

Do you have a social care worker?	Yes/No	
Do you give BOSP consent to liaise with your social worker?	Yes/No	
Name:		
Based at:	Telephone:	
<b>CONSENT TO CONTACT COLLEGE:</b> <input type="checkbox"/> BOSP would like to contact your college to obtain information which may help us to support you at our sessions. Please tick here to confirm you give permission to BOSP to contact your college.		
Name of College:		
Contact name:	Contact number:	
Any other information:		

PERMISSION STATEMENTS				
I give my permission for the following:	(please tick below)			
Swimming	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Face paints	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sun block	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Plasters	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Consume alcohol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I give permission for BOSP staff to seek emergency medical advice or treatment:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I authorise BOSP staff to sign any forms of consent required by the Hospital Authority if the delay in getting my signature is considered by the Doctor to put my/this person's Health and Safety at risk:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>How will your sessions be funded?</b> DLA / Direct Payments / PIP / Social Services / Self-funded (please circle)				
<b>Will this be from?</b> Your personal account / a managed account e.g Purple / Social Services / Other (please circle)				
<input type="checkbox"/> BOSP would like to send you newsletters and fundraising emails, so that you can be first to know of any news about our services, events and activities, how your support makes a difference, as well as ways you can get involved and help fund our work. We will utilise e-mailing platforms such as Mailchimp to safely and securely deliver newsletters/e-bulletins to you. We will keep your information safe and never share it with anyone without your permission. Please tick here to confirm you would like to receive this information via email. Our privacy notice can be found at <a href="http://www.bosp.co.uk">www.bosp.co.uk</a> and explains how we will use and store your information.				
<input type="checkbox"/> I have read and understood BOSP's Terms and Conditions (please tick here to confirm).				
<b>DISCLAIMER: The information that I have provided is complete and accurate and I will notify BOSP of any changes immediately, in writing as and when they occur. I/we agree to information about myself or the person I am responsible for being used in the way described.</b>				

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Nominated Authorised Person's Name:</b>	<b>Signature:</b>	<b>Date:</b>

#### DATA PROTECTION

Any information provided within this form will be seen and used by authorised BOSP Staff and Support Workers to provide services and support to you or the young person you have responsibility for. All data is held securely and in compliance with the Data Protection Act 2018, which includes the General Data Protection Regulation and associated legislation. For further information about how, why, and when we obtain and use your personal information, and how we keep it safe and secure please view our privacy notice at [www.bosp.co.uk](http://www.bosp.co.uk)