

Do you require any support?

Please detail any support or help you feel you may need to engage in the CICC:

Are we able to publish Photographs of you when taking part in CICC activities?

Yes

No

Not Sure

Emergency contact information

Name:

Address:

Telephone Number (incl mobile number):

Relationship to Child/Young Person:

Signatures

Child/Young Person Signature:

Date:

Signature

Professional supporting the application:

Name

Signature

Relationship

Date: