**1:1 Carer Application Form**

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| **Contact Name** |  |
| **Address & Postcode:** |  |
| **Telephone number:** |  |
| **Email:** |  |
| **Which venue would you like to attend:** |  |

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| **Details of child who requires 1-1 support** | Name:  DOB:  Address:  Ethnicity:  Disability: | Parent’s or carer’s name:  Telephone number:    Email address: |

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| **Explain the reason for 1-1 support** \*  Do they require any medication whilst in your care?  Emergency meds/ daytime meds |  |
| **Please state if the child has a statement or an EHCP** |  |
| **Who identified the need for additional support?**  SENCO, Social Worker, Parent, Play leader etc. |  |
| **Dates and times Requested** |  |
| **Does the child attend any other out of school setting?**  Please give details |  |
| **Is the parent/carer working or studying while the**  **child is attending the setting?** |  |

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| **Signed by parent** |  | **Date:** |
| **Print name** |  | |
| **Relationship to child** |  | |