

ASNA RESPITE & TRAINNG WEEKEND 2010
'Connecting People, Changing Lives'
BOOKING FORM
23rd – 25th APRIL 2010



Pioneer Centre, Cleobury Mortimer, Kidderminster, Worcester DY14 8JG

Please complete all relevant questions and return to: ASNA, Suite W-05, Windrush Innovation Centre, Howbery Park, Wallingford, Oxon, OX10 8BA

Part 1: General Information about your Party

Your name:.....

Address:.....

Telephone: Email Mobile

Are you a Disability Co-ordinator? Church

Please give the first name and surname of all people included in this booking. Please give the age of any children under 14, indicate any disabilities where relevant and whether 1:1 care is needed.

Name	Age	Disability*	1:1 Care
1.....
2.....
3.....
4.....
5.....

*please complete part 2 (over the page) for all members with a disability.

Do you need a high chair for mealtimes? YES/NO

Do you require space to be left at the table for a wheelchair? YES/NO

All meals will be vegetarian.

Other dietary requirements How many people

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Accommodation is mostly in 4-bedded rooms.

Are you happy to share with somebody not in your party? YES/NO

I/we would like to share with

Appropriate arrangements will always be made where preferences cannot be given.

Estimated time of arrival

Please note ASNA cannot be responsible for medical requirements needed by any guests during this weekend. Please ensure all medical needs are catered for.

The contribution that you are asked to pay for the weekend is **£60.00 (£50.00 ASNA members)** per person. **Children under 18 years £30. Children under 5 years and all disabled children under 18 go free.** This has been heavily subsidised by ASNA from the standard cost of £80.50. It includes all meals and accommodation for 2 nights. Workshops and indoor activities are also included.

I enclose a cheque for £..... payable to 'ASNA'

Signed

Date.....

Part 2: Information about children/adults with disabilities.

In order to plan enjoyable and safe activities for everyone, it will help us if you can give some additional information about anyone in your party who has a disability which means they will require extra care and support. Please complete a separate section for each relevant member of your party.

Information about (name) Disability

D.O.B (if under 18) Allergies?

Are there any foods/drinks which cannot be given?

Are there any substitutes which may be given?

What do they enjoy doing?

What don't they like doing?

What makes them upset?

Any signs to indicate they are upset?..... Tired?

Need the toilet?

Favourite song/story/musical instrument

Any other relevant information you want to give us

.....

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Thank you for the information provided about your party, which will be treated in confidence and used only to enable volunteer care and activities to be matched to participants.