

**Cornwall Blind Association**

Sight Centre, Newham Road, Truro, Cornwall, TR1 2DP

Tel: 01872 261110. Fax: 01872 222349

**August Activity Holiday 2010 – Adventure International, Bude**  
**Application Form**

Name of Child: .....

Date of Birth: .....

Name of School: .....

Names of Parents/Guardians: .....

Address: .....

.....

Post Code.....

Telephone (day)..... (evening).....

**It would be helpful if you could give some indication of your child's sight loss:-**

Does your child need guiding? Yes / No

Can your child read print? Yes / No

Can your child see colours? Yes / No

Registered Blind/ Registered Partially Sighted/ Not registered (please delete)

Named Eye Condition .....

How well does your child use any vision they have in everyday situations? (eg getting around, steps, poor light conditions etc) .....

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## Additional Needs & Requirements

Please help us ensure we take account of the individual children's needs. The more information we have the easier it is to ensure the needs of your child are met.

Additional Disabilities:

Physical..... Hearing .....

Speech ..... Learning .....

Behavioural .....

Additional information which you feel might be useful to add:-

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## Medical Information

Please tick any which might apply:

Allergies ..... What are they? .....

Asthma ..... Medication? .....

Diabetes ..... How managed? .....

Epilepsy ..... Treatment? .....

Any other? (please specify).....

Does your child have to take regular medication –please include specific requirements for storing medication and indicate whether your child can administer this. If your child is unable to administer their own medication we require a letter signed by the parent / guardian giving permission for one of our staff / volunteer helpers to give the medication to the child.

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Special dietary requirements: .....

**General Information**

The overall theme of the holiday is about having fun, but we would like your child to grow in confidence and develop life skills through an exciting programme of leisure and social activities. It is not mandatory to comment on the following but doing so will help us to achieve this.

Your child's personal independence .....

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Your child's social skills .....

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Your child's level of self esteem .....

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What are you hoping your child will gain from attending the holiday? .....

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Please ask your child, to tell us in their own words, why they would like to attend the holiday and what they wish to gain for this week .....

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Signature of parent/guardian :.....Date .....

Please return this form with a cheque for £100 made payable to CBA to:

Miss K Keast  
PA to the Chief Executive  
Cornwall Blind Association  
The Sight Centre  
Newham Road  
Truro  
Cornwall  
TR1 2DP