

CARERS ACTIVITY NETWORK (CAN) PROJECT

Get out! - Do it!



EXCLUSIVELY FOR ABLE BROTHERS AND SISTERS
of disabled children.

ARE **YOU** LIVING WITH A DISABLED BROTHER OR SISTER?

COULD YOU DO WITH A BIT OF U-TIME AND U-SPACE?

DO YOU LIKE ARTS, PERFORMANCE, MUSIC, **CRA**FTS OR OUTDOOR EXCITEMENT?

DO YOU **WAN**T TO CHOOSE WHAT TO DO?

DO YOU WANT TO BE WITH PEOPLE IN YOUR OWN AGE GROUP WHO
UNDERSTAND HOW YOUR LIFE IS?

THEN... COME AND JOIN US!

We'll be meeting once a month for half a day in East Cornwall to experience ...

- * Music
- * Street Dance
- * Arts + Graffiti
- * Survival skills and Cooking
- * Circus skills + magic
- * Drama + Stand up Comedy
- * photography/Film

Fore Street, Lostwithiel,
Cornwall PL22 0BP
www.creativeexpression.org.uk
info@creativeexpression.org.uk
Phone 01208 871168

Registered Charity No.: 1108620



www.creativeexpression.org.uk

Age groups 7-12 and 13+ will decide together what each group wants to do. There will be a residential survival weekend with more exciting things and we'll be aiming to have a great showcase afterwards!

IT'S NOT GOING TO BE BORING!

There will also be a celebration day at EDEN PROJECT in spring next year

DATES

MONTHLY MEETINGS: ONE SATURDAYS EVERY MONTH UNTIL FEBRUARY '10

RESIDENTIAL WEEK END; MARCH '10

CELEBRATION DAY AT EDEN PROJECT: 25TH OF APRIL AT THE EDEN PROJECT

INTERESTED? WOULD YOU LIKE MORE INFORMATION?

CONTACT US AT OR FILL OUT THE APPLICATION FORM AND SEND IT BACK TO US.

info@creativeexpression.org.uk

TEL: 01208 871168 (Imke and Max) or

TEL: 01752 500912 (Graeme)

Or visit the website

www.creativeexpression.org.uk

HURRY, PLACES ARE GOING FAST!!

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CONSENT & APPLICATION FORM for CREX CAN 2009

YOUNG PERSON:

DATE OF BIRTH:

ADDRESS:

EMAIL:

POSTCODE:

PHONE:

MOBILE:

PARENTS / CARERS:

INFORMATION FROM PARENTS/ CARERS - why you feel your young person would benefit from joining this **CAN** project.

AGREEMENT PARENT/CARER

I agree that I will do my best for my child to attend all the sessions arranged for this project.

I confirm that I have discussed this with my child, and that he /she wants to take part.

I confirm that my child has a sibling with disabilities (*Please provide details*):

FORM OF DISABILITY:

KEY WORKER:

CONTACT:

I confirm that the attending child **is not** diagnosed with a disability.

I confirm that I have read the information for application for CREX **Carer's Activity Network**

SIGNED:

DATE:

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EMERGENCY TREATMENT

This form has been produced for Parents / Guardians of the young person attending an event organised by Creative Expression to complete with regard to any emergency that may arise during their time with Creative Expression.

I (Parent / Guardian *Please print name in capital letters*) hereby give my permission for a responsible member of the delivering team to seek emergency treatment in respect of :

..... (Name of young person *Please print name in capital letters*) should an accident happen whilst attending a Creative Expression event.

EMERGENCY ADDRESS:

EMERGENCY CONTACT NUMBER:

DOCTOR'S NAME AND SURGERY:

HEALTH BACKGROUND i.e. Allergies or any medication:

If any of the above details change i.e. medication, could you please let us know as soon as possible

SIGNED:

DATE:

We would like to share pictures of the children during the activities with the group. Please tick if you do **not** want us to distribute pictures of the young person.

We would like to use pictures of the young people during the activities to promote our work. If you do **not** wish us to use pictures of the young person, please tick the box.

Please return the form signed by post to
Creative Expression
4 Fore Street
Lostwithiel
PL22 0BP

Please contact:

Info@creativeexpression.org.uk , TEL: 01218 871168 or
Graeme@creativeexpression.org.uk TEL: 01752 500912

For further details or **IF YOU NEED THIS IN ANY OTHER FORMAT**