

# Sherratts Wood CIC Day-Farmer Booking Form

Farm Name:	Sherratts Wood CIC
Contact details:	Louise Fletcher-Chard 01889 502662 07714 288247
Website address:	<a href="http://www.sherrattswood.com">www.sherrattswood.com</a>
Day-farmer ref no. (internal)	

## **SECTION ONE: Day-farmer Contact Details**

Title:	Surname:	First Name(s):

Date of birth:

Home/Main address:
POSTCODE:

Daytime phone number:	Evening phone number:	Email address:

## **SECTION TWO: Day-farming Details**

Which day/s of the week would you like to attend?	
Would you like a half day or full day session?	
Who is funding your attendance? Please list name & contact details.	
Is there anything that might hinder your attendance at the farm?	

### SECTION THREE: Medical Information and Consent

(To be completed by PARENT or LEGAL GUARDIAN if under 18, or CARER/PERSONAL ASSISTANT as appropriate)

In case of emergency and as part of **Sherratts Wood CIC's** responsibility to its Day-farmers, ALL Day-farmers are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

Next of kin:	Relationship:	Mobile phone:

Doctor's name:	Surgery:	Doctor's phone number:

As far as you are aware, do you have any allergies? (Please state)	
Please outline any medication that you take and for what condition	
Do you have any long term illnesses or injuries? If so please outline them as they will help us to devise a suitable Day-farming programme for you	
Are there any factors that could influence your learning opportunities on the farm, i.e. dyslexia, physical disability?	

DECLARATION: I consider [myself/my son/daughter/person in my care]\* to be physically capable of participation in appropriate Day-farming activity and agree to notify **Sherratts Wood CIC** of any changes to the medical information provided. Furthermore, in the event that of injury or illness whilst attending Sherratts Wood CIC, I give permission (on behalf of myself/my son/daughter/person in my care)\* for staff of **Sherratts Wood CIC** to obtain emergency medical treatment.

Signed:	Date:	Relationship:

**SECTION FIVE: Day-farmer consent**

**(To be completed by PARENT or LEGAL GUARDIAN if under 18 or Carer/Personal Assistant as appropriate)**

It is a requirement of **Sherratts Wood CIC** that individual, parental/legal guardian or carers consent is provided for participation, transportation, photography and payment. The **Sherratts Wood CIC** Day-Famer Code of Conduct and Safeguarding Policy are available on the website.

**PARTICIPATION:** I consent for myself/son/daughter/person in my care to participate in Day-farming activity, and confirm that my understanding of the Code of conduct and its contents/implications.

**TRANSPORTATION:** I consent to myself/son/daughter/person in my care\* travelling to venues for day-farming purposes, in transport provided by Sherratts Wood CIC, which may include travelling in a Sherratts Wood CIC minibus or staff private cars.

**PHOTOGRAPHY:** It is always useful for photographs and video footage to be taken of groups and individuals enjoying Day-farming activities so that they can be used, in accordance with the **Sherratts Wood CIC** Safeguarding Policy, for publicity/qualification purposes. I give consent for myself/son/ daughter/person in my care to feature in such photos/images. I hereby grant Sherratts Wood CIC and associated approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes, e.g. local newspapers, local magazines, other promotional articles (including flyers) and the Sherratts Wood CIC website.

**PAYMENT & CANCELLATION:** As we offer structured activity with a tutor and materials we have to arrange everything for your visit in advance, therefore please sign to state that you understand that a non-refundable 20% deposit is required in order to confirm a Day-farmer booking at **Sherratts Wood CIC** and that full payment will be required at least 2 days prior to your visit.

\*Sherratts Wood CIC reserves the right to vary this policy for payments received through direct payments and personalised care / health budgets and other statutory or grant funded programmes

Signed:	Date:	Relationship:

**Please return this form along with your payment to:  
Louise Fletcher-Chard at Sherratts Wood Farm, Hill Lane, Middleton Green,  
Leigh, Staffordshire, ST10 4PQ t: 01889 502662 m: 07714 288247**

**WE LOOK FORWARD TO WELCOMING YOU TO SHERRATTS WOOD CIC!**