**PLIAS Resettlement**

# HOLIDAY PROGRAMME FORM

Email filled in form to: [joseph.johnson@plias.co.uk](mailto:joseph.johnson@plias.co.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Parent’s Personal details** | | | | | |
| Surname: | | | | Title: | |
| First names: | | | | Date of birth: | |
| Telephone number: | | | | Gender:    Male  Female  Transgender | |
| Email: | | | |
| Address with Postcode: | | | |
| **Ethnic origin:** (tick one box only) | | | | | |
| **White**  British  Irish  Other    **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Other | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Other Black or Black British Caribbean  African  Arab  Other | | | | **Other Ethnic Group**  Chinese  Arab  Other  **Not Obtained**  Refused to State  Unable to Choose |
| Tick activities your interested in for your child  Film making and performing arts Martial arts Football  Other (Please specify)**:** | | | | | |
| **2. Child’s details details** | | | | | |
| Name: | | | Emergency contact: | | |
| Contact number: | | | Email: | | |
|  | | | | | |
| **3: Health** | | | | | |
| Please describe any physical health problems we should be aware of: | | | | | |
| Please be aware by allowing your child to take part in this programme your are consenting to videos and photos of your child being taken by PLIAS and used to promote PLIAS services, including via online platforms | | | | | |
| Parent signature: | | Date: | | | |