



FARM PARTICIPANT PERSONAL DETAILS FORM

Farm Name:	DENS HOLME CARE FARM
Contact details:	Denys Fell, Care Farm Supervisor - 01964 535315 Admin Officer - admin@densholmefarm-action.co.uk
Website address:	www.densholmefarm-action.co.uk

SECTION ONE: Participant Contact Details

Title:	Surname:	First Name(s):

Date of birth:	National Insurance Number:

Home/Main address:
POSTCODE:

Daytime phone number:	Evening phone number:
Contact Name in Case of Emergency	Contact Number in case of Emergency

Referral made by: (name and contact details)	
Have you been assessed as needing 1:1 support? If so, who will be providing this? We will require their details and sight of a current enhanced DBS certificate/update service permissions at induction.	
Our hours are 10am until 3pm and our daily rate is £70.00; this rate will still be chargeable for non-attendance, please confirm you are agreeable to this: Who is responsible for your funding and where should invoices be sent? (email address please): Please note that we require 2 weeks' notice for termination of this agreement, which will be chargeable for the relevant number of sessions.	
Transport arrangements: (including a contact number if possible please)	
Why would you like to attend the farm?	
Can we support you with any difficulties? (including any diagnosis/presentation)	
What type of support would you prefer?	
Please state all medication you are currently taking and keep us up-to-date with any changes/additions:	
As far as you are aware, do you have any allergies, ie animals/soil/food/medication? (Please state)	
Personal Protective Equipment needed:- 1.Suitable clothing (protection from wind/rain/sun/mud/wet); 2.Suitable footwear for farm activities (supportive and protective) 3.Overalls 4.Protective/Gardening Gloves 5.Suncream/sunhat	<i>(Please tick here to confirm you will provide)</i>
Personal Possessions/Valuables: Please leave all personal possessions/valuables at home. If this is not possible, please hand them in to the Supervisor on Duty at the start of the session for secure storage.	<i>(Please tick to confirm you have understood)</i>

SECTION THREE: Consent

(To be completed by PARENT/LEGAL GUARDIAN/CARER if relevant)

In case of emergency and as part of the **DENSHOLME CARE FARM** responsibility to its participants, ALL participants are required to complete this medical information form as accurately as possible and keep us updated as to any changes or additions. Details will be held securely with access restricted to authorised officers only. Only medications which will be needed on the day should be brought to the farm, they should be clearly labelled and handed in to the Supervisor on duty at the start of the session for safe-keeping and return at the end of the session.

Next of kin:	Relationship:	Mobile number:

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

It is a requirement of **DENSHOLME CARE FARM** policy that participant/parental/legal guardian/carer consent is provided for participation, transportation and photography. The **DENSHOLME CARE FARM** Participant's Code of Conduct and Safeguarding Policy are available on the website or in the farm office.

TRANSPORTATION: I consent to myself/the participant travelling to venues for educational purposes, in transport provided by the farm, which may include travelling in staff private cars.

PHOTOGRAPHY: I am aware that there may be times that photographs and/or footage may be taken for qualification purposes and other related reasons. Such images shall only be used for publicity/qualification purposes in accordance with the **DENSHOLME CARE FARM** Safeguarding Policy and I give consent for myself/ the participant to feature in such photos/images. I hereby only grant 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 farm's website.

DECLARATION: I consider myself/the participant to be physically fit and capable of full participation and agree to notify **DENSHOLME CARE FARM** of any changes to the medical information provided. Furthermore, in the event of injury, I give my permission for the staff appointed by **DENSHOLME CARE FARM** to obtain emergency medical treatment.

Please cross out any parts you are not agreeable to

I consent to the above:

Name:	Signature:	Date:	Relationship (if applicable):

PLEASE RETURN THIS FORM TO THE ADMIN OFFICER, PRIOR TO PARTICIPATING ON THE FARM EITHER BY EMAIL admin@denholmefarm-action.co.uk OR VIA POST – Densholme Care Farm, Hull Road, Great Hatfield, HU11 4UX