**SIBS Application Form**

**About your child:**

| Name: |  |
| --- | --- |
| Date of birth: |  |
| Gender / Pronouns |  |

**Main contact details:**

| Name: |  | |
| --- | --- | --- |
| Email address: |  | |
| Postal address: |  | |
|
|
| Postcode: |  | |
| Telephone no: |  | |

*For environmental reasons, we like to send information out about trips via email. We can however post information so please indicate if you would like to receive letters via post.*

I would like to receive information about SIBS via post - YES / NO

**Your child’s health:**

*Please tell us if your child has any health difficulties (circle as appropriate)*

Allergies Asthma Epilepsy Travel Sickness  
  
Diabetes Hay Fever Migraines

Other (Please state):

|  |
| --- |

**Your child’s medicine:**

Please give us information about any medicine that is taken by your child (name of medicine, reason for taking, dosage, how often, in what circumstances.)

|  |
| --- |

If your child needs medication during the trip, **please note that volunteers will not be able to administer medication.** Your child must keep medicine on their person at all times and must be able to administer medication themselves.

**Your child’s allergies:**

Please detail any allergies or dietary requirements that we should be aware of (medical/material/food)

|  |
| --- |

Are your child’s injections up to date (e.g tetanus) Yes No

**Your Child’s Doctor:**

| **Name** |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  |
| **Telephone number** |  |

**Secondary person to contact in case of emergency:**

| Name: |  |
| --- | --- |
| Phone number: |  |
| Relationship to child: |  |

**Sibling’s Disability (optional)**

We ask for this information to help our volunteers be more aware and supportive of your child’s home situation. We do not use this information to assess their suitability for the project, and you don’t need to provide it if you prefer not to.

|  |
| --- |

**Parental / Guardian Consent**

I give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the outings with Sheffield Volunteering SIBS project. In the event of my child requiring medical attention, I understand that every effort will be made to contact me. However if this is not possible, I authorise a volunteer to give my consent for whatever medical attention is required by emergency services.

| Signed: |  |
| --- | --- |
| Date: |  |
| Print name: |  |

**Image Consent Policy**

Sheffield Volunteering uses images of our volunteering activities in print and on social media to celebrate our work.

Images may be shared with the Students’ Union, the University of Sheffield and 3rd parties to be used for the same purpose. We respond to requests for photos from volunteers and other project participants.

**Do you consent to images being taken of your child during project sessions?**

Yes No

| Signed: |  |
| --- | --- |
| Print name of child: |  |
| Date: |  |

Please return this form via email to c.osullivan@sheffield.ac.uk or post it to:

**SIBS Project**

Sheffield Volunteering

Sheffield Students Union

Western Bank, Sheffield

S10 2TG

Once we receive the form, we will contact you with more information about the next event. Any questions in the meantime please contact Catherine on:

0114 222 8533

c.osullivan@sheffield.ac.uk