



**BBC**  
**Children  
in Need**

**DERBY WEST INDIAN COMMUNITY ASSOCIATION**  
**SUMMER SCHOOL APPLICATION FORM – 2019**

Personal Information	
Name of Child:	
Age:	Date Of Birth:
Nationality:	
Address:	
Postcode:	
School Attended:	
Name of Parent/Guardian:	
Address:	
Postcode:	
Tel/Number (Home):	Work:
Name of Friend/Relative:	
Address:	
Postcode:	
Tel/Number:	Work:
Emergency Tel/Number:	
Name of Doctor:	
Address:	
Telephone Number:	
Please state any special medical needs, i.e. injections for diabetes, special dietary needs, allergies etc. Also list any past medical history/childhood illness that may prevent your child from taking part in any physical activity.	
Blood Group (if known):	
I give staff at the Derby West Indian Community Association Summer School permission to seek any necessary emergency medical advice or treatment. [ ] (Please tick)	
I give permission for my child to be photographed or filmed during activities for promotional purpose. [ ] (Please tick)	
NAME OF PARENT/GAURDIAN (Please print):	
SIGNATURE:	DATE:

Derby West Indian Community Association (DWICA) is committed to adhering to the new regulation General Data Protection Regulation commonly known as GDPR. To meet GDPR and as a good practice DWICA has updated its privacy notice and confidentially policy. Please see DWICA website for further details.