

# APPLICATION FORM



Please fill in all sections where appropriate and sign and date the declaration.

What project(s) are you applying for?		
Project Name	Day	Start Date

What project(s) are you applying for?	
Name	
DOB	
Address	
Tel No: 1	
Tel No: 2	
Emergency Contact Details	
e-mail address	

SUPPORT NEEDS (please provide all relevant information)
Will you attend with a carer or support worker?
Please detail any behavioural issues or challenging behaviour, please provide any risk assessments or support plan.
Please give details of any specific health needs that we need to be aware of. Use a separate sheet if necessary.

## COMMUNICATION

Please provide details of your communication skills. If relevant, include signing, non-verbal communication and any speech difficulties.

## TRAVEL

Please provide details of travel arrangements to and from the sessions.

Taxi company and telephone number (if relevant)

## FUNDING

In accordance with our agreement with West Sussex County Council, please indicate your funding source? (*eg: via WSCC Direct payment*)

Social Worker and contact details (if applicable)

**Completed by**..... **Date**.....

I confirm that I have supplied all relevant information needed to support the participant's health and safety needs whilst attending a Superstar Arts session.

**Signed**.....

**Please post or e.mail the completed application forms to:**

Superstar Arts  
61 Kingsland Road  
Worthing  
West Sussex  
BN14 9ED

info@superstararts.com