

**Being a part of the Junior DJ Project is an exclusive membership. The Junior DJ Project is not open for children to opt in and out week-on-week, or turn up without prior appointment. Because of this your child may need to go on to a waiting list before being able to attend our sessions for the first time. Please complete the form below electronically and email to** [**info.dreamcatcher@gmail.com**](mailto:info.dreamcatcher@gmail.com)

SEN & Accessibility Statement

The Junior DJ Project is designed to be as inclusive as possible and our team have combined experience working with additional needs and complex medical conditions, however our sessions may not be suitable for all. To ensure the safety and well-being of all children at the Junior DJ Project and ensure we can meet a child's specific needs we operate a separate SEND register. This is so we can undertake a risk assessment based on the needs of our existing members and the ratios of youth leaders to children to ensure we can accommodate a child’s needs.

**------------------------------------------------- *Child’s Details* ----------------------------------------------------**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name:** |  |  | **Last Name:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth:** |  |  | **Age:** |  |  | **Gender:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your child suffer from any kind of medical condition? (incl. allergies)** | **Yes** |  | **No** |  |

Please provide details below:

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| --- |
|  |

**Does your child have a physical disability, Learning disability, Special Education Need?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please provide details below: | **Yes** |  | **No** |  |

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| *Please include any known behaviour habits in this section – Regardless of a diagnosis (This will not affect your child’s application but help our team understand your child better)* |

**---------------------------------------- *Parent/Carer Contact Details* ----------------------------------------**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name:** |  |  | **Last Name:** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Telephone No:** |  |  | **Mobile No:** |  |

**Once we receive this form we will email within 2-3 days to confirm receipt. We may contact you to discuss the application process further. Once a space is available for your child we will contact to arrange their trial session.**

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| **Relationship:** |  |