

Children in Care SPORT AND LEISURE SCHEME MEMBERSHIP APPLICATION FORM



| Name of preferred Leisure Centre: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Please first check for participating centres listed on the sport and leisure webpage: http://www.virtualschool.lea.kent.sch.uk/health/sport-and-leisure-scheme</p> | |
| CHILD'S DETAILS | |
| Surname: | |
| First Name(s): | |
| Date of Birth: | |
| Address: | |
| Postcode: | |
| Home Tel: | |
| AUTHORISATION ON BEHALF OF SOCIAL SERVICES | |
| Name of Placing Authority: | |
| Two Passport Photos Enclosed? | Yes / No |
| Permission for Webcam/Photo? | Yes / No |
| Contact Name: | |
| Position: | |
| Telephone: | |
| Email: | |
| Manager Signature: | |
| Date: | |
| For KENT CiC Applications: | Please send completed form (and photo's if required) to the Integrated Children and Young People Service Manager |
| For OTHER LOCAL AUTHORITY CiC Applications: | Please send completed form (and photo's if required) to: Ann Parnell, Deputy Head, Virtual School Kent, Brook House, John Wilson Business Park, Reeves Way, Whitstable, Kent CT5 3SS |
| FOR OFFICE USE ONLY | |
| Application Approved: | Yes / No |
| Signature: | |
| Print Name: | |
| Date: | |