

# Breathe Magic Programme

## EXPRESSION OF INTEREST FORM

This form will help us determine the suitability of the programme for your child and does not guarantee a place at Breathe Magic Camp. We will aim to be back in touch as soon as possible after receiving the form, and no later than 4 weeks of receipt.

If you require any help completing this form or would like to receive it in a different format please contact us by email on [magic@breatheahr.org](mailto:magic@breatheahr.org) or telephone 0203 290 2013

### Personal details

Child's first name		Child's surname	
Date of birth		Gender	
Parent's name		Address	
Email address			
Telephone			
Please state your County or London Borough			

### Eligibility

The following are our main eligibility criteria for young people attending Breathe Magic Camps, please tick as appropriate to confirm this applies to your child. If you are not sure or need any more information please contact us

1. Young person with hemiplegia	
2. Aged 7-19 years at start time of camp	
3. Able to remember sequences of for 3 - 4 steps	
4. Can cooperate to perform tasks in a group setting	

Does your child have any other diagnoses or medical conditions? If yes, please list them

Has your child attended a Breathe Magic Camp or workshop before? If yes, please specify

## Availability

If your child is eligible, which of these camps would they be able to attend	1 <sup>st</sup> choice	2 <sup>nd</sup> choice
Easter Camp 3 <sup>rd</sup> - 14 <sup>th</sup> April 2017		
Summer 2017, sates to be confirmed		

## Funding

Confirmation of a place at Breathe Magic Camps is dependent on clinical assessment as well as securing funding for your child's place. The Parent Information Pack provides you with more information on the different ways to fund your child's place, and we are here to support and guide you throughout this process.

Please indicate how you plan to secure funding for your child's place (tick as appropriate)

Contact our GP	
Contact our Local Clinical Commissioning Group	
We are planning to fundraise	
We are able to self-fund in full	

## Further information

Date form completed		Form completed by		
Would you like to be kept up-dated about Breathe activities?	Yes please		No thanks	
If yes please let us know your preferred method of contact	Email		Phone	
How did you hear about Breathe Magic?				

Please return the completed form to [magic@breatheahr.org](mailto:magic@breatheahr.org) or by post to:

**Breathe Arts Health Research**  
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