

<b>Case No:</b>	
-----------------	--

## Breathe Magic Intensive Therapy 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     Post code	
Email address			
Telephone			
Alternative number			
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 – or one sided weakness – caused by Cerebral Palsy or Acquired Brain Injury.	
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, medical conditions, or allergies? 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, would you be able to attend the programme:

- In London, between 3<sup>rd</sup> April to 13<sup>th</sup> April 2018:  Yes  No
- In London, between 30<sup>th</sup> July to 10<sup>th</sup> August 2018:  Yes  No
- In Birmingham, between 20<sup>th</sup> August to 31<sup>st</sup> August 2018:  Yes  No
- Interested in a future camp/other area?  Yes  No

Please state your preferred location\* for a camp knowing this is dependent on having sufficient interest and funding to run a camp in this area.

--

\*Must be large city with good transport links

## 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 Local Clinical Commissioning Group or apply for Individual Funding Request	<input type="checkbox"/>		
We are planning to fundraise	<input type="checkbox"/>		
We are able to self-fund in full	<input type="checkbox"/>		
We are able to partially fund	<input type="checkbox"/>	Amount	<input type="text"/>

## Further information

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

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

**Breathe Arts Health Research**  
 The Clarence Centre for Enterprise and Innovation  
 6 St George's Circus  
 London  
 SE1 6FE