

Registration Form Didsbury Friday Circle



Please read the following information carefully and ensure that you understand and agree with it before completing the form. If you have any questions, please do not hesitate to contact a volunteer of the Didsbury Friday Circle by emailing dfcircle@hotmail.com.

This form should ideally be completed by the parent or carer of a child applying to join The Didsbury Friday Circle.

Purpose: The Didsbury Friday Circle is run fortnightly for boys between the ages of 11 to 16. The boys will be taught manners, Islamic knowledge, team-working, communication skills, life skills, dealing with difficult situations, charity, community work, understanding differences in people, physical fitness and having exposure to professionals to act as role models.

Safety: All volunteers are professional adults who have been checked by an interview, references and the Disclosure Barring Service check (DBS – previously known as CRB) and have been trained in child safeguarding, confidentiality and first aid. It is expected that all information requested in this form will be fully completed by the parents / carers to enable Didsbury Friday Circle to assess the child's needs. Any incomplete information will result in the form being returned to the parents / carers and the child delayed from joining the group until it is fully completed. A delay may result in the child not being accepted if there is high demand for the group. By returning this form, you understand that if there are any other concerns or questions that the volunteers have about your child, they may contact you to discuss these with you before accepting your child into the group.

Photography and videos: It is possible that photographs or videos may be taken of your child by volunteers for the sake of advertising, use on social media or for retaining a record of the activities we have run. If you would not want your child included in such photographs or videos, please tick this box.

Timings: The sessions will run from 7 PM to 9 PM every second Friday. Snacks and drinks will be provided. Please ensure that your child / children are dropped off and picked up on time. In case of non-collection 15 minutes after the close of the session, a phone call will be made to the recorded parent / carer. If there will be a delay of more than 15 minutes (i.e. 30 minutes after the close of the session), the child will be taken to a place of safety (normally a volunteer's home nearby or the home of a parent of another child in the group who the child knows). The parents / carers or emergency contacts will be informed if this is the case. If this occurs on more than 2 occasions, the child will be excluded from the group unless and until the parents / carers are able to confirm alternative timely arrangements. Any subsequent delays in collection will result in exclusion of the child from the group.

Behaviour: Your child must treat all other children, volunteers and visitors to Didsbury Mosque / Manchester Islamic Centre with respect. We will record events in our session logs. If your child undertakes minor misbehaviour, you will be informed and expected to make an appropriate intervention. If a child continues to misbehave after this warning, we will require a meeting with the parents to ensure the behaviour changes. If it does not improve, the child will be removed from the group. Physical assaults, racism, bullying, sexual comments, swearing, smoking and threats of violence may lead to involvement of Social Services and The Police, and expulsion of the child from the group. Whilst we will try to be as accommodating as we can, we do not have the resources or training to deal with children with significant learning or physical difficulties (please raise questions or discuss concerns with the director).

Parent or Guardian's Details

Who are you (the person completing this form)? Please tell us your title

and full name: _____

2) What is your relationship to the child (circle one)?

Father / Mother / Grandparent / Guardian / Step-Parent / Sibling / Other

If 'other' please state your relationship: _____

(If you are not the child's parent or legal guardian, we will have to speak to the child's parent or legal guardian before we can consider this application.)

What is/are your contact phone number(s)? _____

What is your e-mail address? _____

What is your address? _____

_____ Postcode: _____

Child's Home & School Details

Child's Calling Name (what do you call them): _____

Child's First Name: _____ Child's Surname: _____

Gender (please circle one): **Male / Female**

Date of Birth (day/month/year): _____ Age: _____

Child's Address (if different from above): _____

_____ Postcode: _____

Who does the child live with (state names and relationship to the child, eg. Father Ahmed, Mother Amina, Sisters Aisha 6-years old and Sofia 4-years-old)?:

Does anyone else live at this address: _____

Is there anywhere else apart from the above address where the child lives (for example if parents are separated and child lives at two addresses)? **Yes / No**

If yes, please state the address, who they live with and why: _____

What are the occupations of the immediate adults who care for this child and what are their working hours on Friday (e.g. Mother – Doctor works till 6 PM, Father – House Husband – free all day)?

Current School: _____

School Level: Year: _____ When are their GCSEs?: _____

Are there any concerns about the child from (circle yes or no):

- School? **Yes / No**
- Social Services? **Yes / No**
- The Police? **Yes / No**
- Doctors? **Yes / No**

If you have answered 'Yes' to any of the questions above, please explain what these concerns have been: _____

Child's Abilities

Please describe your child in a few words, so that we can get an idea of their personality, interests and ability (e.g. quiet, shy, likes Manchester United and

knows how to recite 4 surahs of the 30th juz): _____

What are your aims for enrolling your child in this group (e.g. build confidence, have Muslim role models): _____

Which languages does your child speak fluently (please tick all that apply):

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Urdu | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Kashmiri | <input type="checkbox"/> French |
| <input type="checkbox"/> German | <input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Polish | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Turkish |

If your child speaks any other languages fluently, please state them here:

Does your child have any disabilities? **Yes / No**

If you have answered 'Yes' to the question above, please explain the disability:

Does your child have any allergies or dietary restrictions? **Yes / No**

Transport & Emergency Contacts

Who will normally drop them off? _____

Who will normally collect them? _____

Please provide two emergency contacts in-case we are unable to get hold of you who will be able to collect your child (please ask their permission):

Emergency Contact One:

Name: _____

Contact Phone Number: _____

Emergency Contact Two:

Name: _____

Contact Phone Number: _____

Please sign below to confirm that you have read and understood the information on the first two pages of this document, that you have completed the form completely and truthfully and that you agree to allow your child to partake in the activities mentioned above.

Signature: _____ Date: _____

Once completed, please either:

- 1) E-mail the scanned form to dfcircle@hotmail.com (you can take a clear picture of every page using a smartphone and e-mail these if you don't have a scanner) or**
- 2) Place in a sealed envelope marked "Didsbury Friday Circle Registration Form" and leave at the reception at Didsbury Mosque, 271 Burton Road, Manchester, M20 2WA.**

If you have not had a reply from us within 48-hours of sending the form, please e-mail us.

If you need help completing this form or have questions about the group and would like to speak to someone, please contact the organiser, Dr. Faizan Awan on 07725590332.