

Booking form for Mental Wellbeing Walks

Name & contact details of the person requesting the place:

Name: _____ Mobile: _____
 Address: _____ Landline: _____
 Email: _____
 Postcode: _____

A bit more about you.....

Gender: _____ Ethnicity: _____ Age: _____

What are your current mental health difficulties/concerns, and how do these affect you?

What do you hope to achieve by coming on the Wellbeing Walks or Country/Cuddle Club?

What are your current support needs, if any?

Conditions - please indicate any which are relevant to you:

Physical disability	Autism / ADHD	Speech impairment
Learning difficulties	Heart condition	Behavioural issues
Epilepsy	Visual impairment	Social / Emotional difficulties
Mobility issues	Hearing impairment	Anxiety / depression
Other		

If 'Other' please explain below:

Do you require support, due to your needs/vulnerabilities, to access the community safely?

If yes, please explain below:

Yes

No

Do you have a risk assessment already in place?

Yes

No

If yes, please provide us with a copy, alternatively please explain below:

Please use the space below to explain any other issues that you think we should be aware of:

Which session would you like to attend?

Day of the Week

Do you Require a space on the Community bus

Thursday - Alpaca Walk
10.30am – 12noon

Depart 10am
Whiteleaf Centre Aylesbury

Will you be accompanied on the walk by another adult for support?

Yes

No

If yes, please explain below:

On what date would you like to start?

Please complete both sides of this form and email it back to office@animalantiks.co.uk

Please wait for confirmation of space before attending

Emergency Contact Details & Consent Form

Your Name:	
Emergency Contact Name:	
Contact number:	
Relationship to you	

Consent (please read carefully and delete as applicable):

1. I agree to take part in the activities at Animal Antiks, which I understand could involve interaction with animals and walking across the fields and tracks of the farm.
2. I understand the need to behave appropriately to maintain a safe environment.
3. I confirm to the best of my knowledge that I do not suffer from any medical condition or allergy which would affect my participation in this activity.
4. I agree to receive medical treatment, including non-prescribed medication, as instructed by qualified members of staff and any urgent dental, medical or surgical treatment, as considered necessary by the medical authorities present.
5. I understand that Animal Antiks accepts no responsibility for loss, damage or injury caused by or during any of the organised activities except where such loss, damage or injury can be shown to result directly from the negligence of Animal Antiks.
6. I give permission for Animal Antiks to take photographs, which I understand may include me.

Yes

No

7. I give permission for Animal Antiks to use images, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the charity's aims (including in printed and online publicity, social media, press releases and funding applications).

Yes

No

8. I understand that the information I have provided will be used and kept in line with the data protection and privacy policy, which are on the website www.animalantiks.co.uk/contact us.
Copies of the policies can be provided on request.

Signature: _____

Print Name: _____

Date: _____

Animal Antiks, Manor Farm, St John's Lane, North Marston, Bucks MK18 3PU

01296 670996

office@animalantiks.co.uk

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