

ESSEX CHILDREN IN CARE COUNCIL



Care Leavers Change Makers

The Care Leavers Change Makers group is a group that meet every other Wednesday. This group provides a safe space for care leavers to come and socialise, learn new skills, meet new friends, have fun and have their say. Refreshments and lunch are provided. We also support young people with their train fare to attend the group.

At this group we may discuss issues that are affecting young people leaving care. We will also work on projects around the issues that are important to Care Leavers, fundraise and do community projects. We are the voice for Essex Care Leavers. If you are interested in joining us we meet once a month. The details are below.

The meetings will be held at: Parkside youth centre, Witham

The timings are: 11:00 am-2pm

26th Sep
10th Oct
24th Oct
7th Nov
21st Nov
5th Dec
12th Dec (special lunch 12:00-14:00)
9th Jan 2019
23rd Jan 2019
6th Feb 2019
20th Feb 2019
6th March 2019
20th March 2019
3rd April 2019
17th April 2019
1st May 2019
15th May 2019
29th May 2019
12th June 2019
26th June 2019
10th July 2019

Why should I come?

- Have your say:
- Make new friends
- Have opportunities to learn new skills
- Have fun
- Meet young people with similar backgrounds
- Access to help and support

Please contact
natalie.hole@essex.gov.uk or
07584262934

Consent form Change Makers (Official sensitive)

Name: D.O.B.....

would like to attend the: Positive Activities

.....

On:

Do you have any special dietary needs: (e.g. vegetarian, food allergies) Yes No

.....

Do you consider yourself to have any kind of disability? Yes No

If yes, please give details

.....

Do you have any access requirements? Yes No

(e.g. wheelchair, signer, interpreter, religious needs)

.....

Medical Information/ Medicines: Yes No

(please continue on another sheet of paper if necessary)

.....

Consent: I consent for the above named young person to participate in the meetings detailed on the reverse: If at any point of the activity, he/she requires urgent medical treatment, and provided that I cannot be contacted personally, I give permission to the medical authorities to administer such emergency treatment, including anaesthetic, as they consider necessary in the circumstances.

Name: Signed:

Relationship to young person:..... Date:

Two emergency contact telephone numbers (eg home and mobile). Please provide as much information as possible as this will be used for contact in the case of an emergency.

Name: Relationship:

Number 1: Number 2:.....

Name: Relationship:

Number 1: Number 2:

Name of Social Worker :.....