

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 in Witham

The timings are: 11-2:00pm

18th Sep
2nd Oct
16th Oct
13th November
27th Nov
11th Dec (Christmas Meal)
15th Jan
29th Jan
12th Feb
26th Feb
11th March
25th Mar
8th April
22nd April
6th May
20th May
3rd June
17th June
1st July
15th July

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.vince@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)

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Medical Information/ Medicines: Yes No

(please continue on another sheet of paper if necessary)

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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 :.....