

Empower Registration Form

What is Empower?

Empower is a 3 year project that is funded by Comic Relief, meaning that every session is absolutely free!

Empower is a 6 month project (24 weekly sessions) that aims to improve young people's mental health through the use of physical activity. Each session is 90 minutes in length and consists of 60 minutes of physical activity, typically in the form of a sport session such as dodgeball, football, basketball, badminton or dance. Following the physical activity, we complete a 30-minute wellbeing workshop, which is a facilitated conversation between participants, Watford FC Community Sports and Education Trust Coaches and a NESSie psychotherapist. The aim of Empower is to improve young people's wellbeing by helping our participants to manage their emotions and understand their triggers, increasing participant's resilience and protective factors, and offering a further support network for these young people. Each session is mixed gender and will have 16 young people aged between 9 and 12.



The project is split into three phases where we explore and implement different tools. Each phase has a different function to support your young person's wellbeing.

- The maintenance phase - exploring emotions
- The development phase - teaching coping strategies
- The reflection phase - reflecting on tools and areas for extra support

Who is Empower for?

Empower is suited for young people between the age of 9-12 years old with a mild to moderate mental health issue or are an individual who exhibits poor mental wellbeing.

How do I refer into Empower?

To refer a young person into Empower, we ask that the parent or guardian of the young person fills out the following forms.

- Registration and consent form
- Strength and Difficulties Questionnaire (Parents)
- Strength and Difficulties Questionnaire (Young Person)
- Short Warwick Edinburgh Mental Wellbeing Scale (Young Person)

Once these have all been completed, please email a copy of these to jodine.williams@watfordfc.com who will contact you about the course.

Course Booking

Location:

Date of Event:

Child will be: Collected Make their own way home

In order for your child to take part in this activity, we need to collect their basic details, including information about their health. We will use this information to help us provide the activity, look after your child during the activity, track your child's progress, to report back to funders, and to contact you when necessary.

Participant Details

Name:

Date of Birth:

Age:

Current School:

Ethnicity:

Religion:

Gender:

Parent/Guardian Details (who we should contact during the course)

Name:

Home Address:

Postcode:

Home Phone:

Mobile Phone:

Email:

Emergency Contact Details

Name and contact details of an alternative emergency contact during the course if the above individual is non-contactable:

Name:

Phone number:

Relationship to person:

Does your child have a disability?

Tick all that apply and provide details.

| | |
|----------|----------|
| No | Physical |
| Hearing | Sight |
| Learning | Other |

Does your child have any medical conditions?

Tick all that apply and provide details.

| | |
|-----------|----------|
| No | Diabetes |
| Asthma | Epilepsy |
| Allergies | Other |

Does your child suffer from any mental health issue(s) or have any issues with their wellbeing that the Trust or project staff should be aware of?

Does your child require medication to safely take part?

Tick all that apply and provide details.

| | |
|--------|---------|
| No | Inhaler |
| Epipen | Other |

Why are you referring the young person onto the project? *Please note this box needs to be complete to ensure our staff know how to best support your young person*

Is your young person receiving support from any of the following services?

| | | | |
|-----------|---------|-------------------|----|
| CAMHS | Private | Counselling | GP |
| SENCO/SEN | Other | Prefer not to say | |

if yes please detail below:

Under 16's Media and Publication Consent Form

Participant name:

Parent/Legal Guardian name(s):

Parent/Legal Guardian contact telephone number(s):

Parent/Legal Guardian email address(es):

Data Protection

Watford FC's Community Sports and Education Trust (the Trust) is committed to ensuring we have the appropriate consent in place from individuals who participate in our community programmes. In accordance with UK Data protection Legislation (UK Data protection Act 2018 and UK GDPR) the details provided on this form will be held securely and will not be shared with third parties other than with the specific consent of individuals, their parents or legal guardians.

If you wish to see a copy of the information we hold on you/your child, or if you want to see a copy of our Data Protection Policy or our Data Privacy Policy, please contact DPOTrust@watfordfc.com

Media & Publication Use

The Trust is fully committed to protecting and promoting the welfare, safety and well-being of the children and young people we engage with.

Obtaining parental/legal guardian consent for

- taking and using images and video footage of children and young persons
- identifying children and young persons for the purposes of reporting progress to our funders
- identifying children and young persons when we compile case studies to exemplify the work we do and the benefits that accrue to individuals and communities
- is part of our total commitment to safeguarding.

Identifying Children & Young Persons

Identifying children and young persons for media and Publication use in respect of the work of the Trust is limited to the use of first names only. We will not disclose full names or any other means of identification or contact unless we first obtain specific and separate consent.

Photo and video footage of activities and project reports or returns, and case studies featuring participants and produced by the Trust will be taken/made by the Trust, its staff and associated photographers and film crews in a controlled and managed environment during and after the event. Photos, videos, project reports and case studies may be shared with selected partners and used for promotional purposes by publication in promotional literature, educational materials, the media and the internet.

Do you consent to;

The participant being filmed, recorded and/or photographed for the use of the Trust

The participant being identified by a single, first name in our reports and case studies

If you have ticked to either/both boxes you confirm that there are no known reasons why we would not be allowed to take and use images and identify the participant as above

Communication

We may wish to contact you in order to share any photos or videos of your child with you in order to let you know how a video or photo may be used and to see a report or case study prior to publication. Please tick below to confirm that you are happy for us to contact you in this way:

Phone

Email

Consent

By signing below, you certify that:

- You have legal responsibility for the participant detailed above and are entitled to give consent
- You have read, understood, and agree to the contents of this consent form

Signature:

Name:

Date:

Communication

Please tick here to confirm that you are happy to be contacted with information about offers, future courses and the work of the Trust. This includes contact via email, post, phone and text. Please note email marketing is carried out by both Goodform and Mailchimp on behalf of Watford FC and Watford FC Community Sports and Education Trust. This information will not be passed on to any third parties.

Yes

No

Parent/carer responsibilities

When you sign this form, you are agreeing to the parent/carer responsibilities:

- Making sure your child can travel safely to and take part in all Trust Programmes.
- Managing your child's medical needs before, during and after the project. Trust staff will NOT administer medication to children, except in an emergency.
- Letting us know should any of your or your child's information changes.
- Making sure that you have read and agree to the legal terms on this form.

Legal information

Safeguarding

We believe that involvement in Trust activities must never leave participants open to any form of abuse. We have comprehensive safeguarding policies and procedures. Find out more at: www.watfordfccsetrust.com/about-us/safeguarding/

Data Protection Notice

We will treat all of your personal information with care and will fully comply with the Data Protection Act 2018 and the UK GDPR. We will ask for the appropriate consent where required. We will use your data to monitor performance and progress, and may share it with our funding partners. Find out more information about how we protect your data here: www.watfordfccsetrust.com/about-us/policies/

Name (BLOCK CAPITALS):

Relationship to Child: (parent/ guardian/ other (please specify))

Signature:

Date:

If you wish to see a copy of the information, which we hold on you/your child, please contact community@watfordfc.com

Strength and Difficulties Questionnaire (Parents/Guardians)

For each item, please mark the box, Not True, Somewhat True, Certainly True. It would help if you answered all items the best you can even if you are not absolutely certain or the item seems daft. Please give your answers on the basis of the young person's behaviour over the last six months or this school year.

Child's Name:

Date of Birth:

Gender:

| | Not True | Somewhat True | Certainly True |
|---|----------|---------------|----------------|
| Considerate of other peoples feelings | | | |
| Restless, overactive, cannot stay still for long | | | |
| Often complains of headaches, stomach-aches or sickness | | | |
| Shares readily with other children (toys, pencils, treats etc.) | | | |
| Often has temper tantrums or hot tempers | | | |
| Rather solitary, tends to play alone | | | |
| Generally obedient, usually does what adults request | | | |
| Many worries, often seems worried | | | |
| Helpful if someone is hurt, upset or feeling ill | | | |
| Constantly fidgeting or squirming | | | |
| Has at least one good friend | | | |
| Often fights with other children or bullies them | | | |
| Often unhappy, down-hearted or tearful | | | |
| Generally liked by other children | | | |
| Easily distracted, concentration wanders | | | |
| Nervous or clingy in new situations, easily loses confidence | | | |
| Kind to younger children | | | |
| Often lies or cheats | | | |
| Picked on or bullied by other children | | | |
| Often volunteers to help others (parents, teachers, other children) | | | |
| Thinks things out before acting | | | |
| Steals from home, school or elsewhere | | | |
| Gets on better with adults than with other children | | | |
| Many fears, easily scared | | | |
| Sees tasks through to the end. Has a good attention span | | | |

Signature of Parent/Guardian:

Date:

Strength and Difficulties Questionnaire (Young Person)

For each item, please mark the box, Not True, Somewhat True, Certainly True. It would help if you answered all items the best you can even if you are not absolutely certain or the item seems daft. Please give your answers on the basis of how things have been for you over the last six months.

Your Name:

Date of Birth:

Gender:

| | Not True | Somewhat True | Certainly True |
|--|----------|---------------|----------------|
| I try to be nice to other people. I care about their feelings | | | |
| I am restless, I cannot stay still for long | | | |
| I get a lot of headaches, stomach-aches or sickness | | | |
| I usually share with others (food, games, pens etc.) | | | |
| I get very angry and often lose my temper | | | |
| I am usually on my own. I generally play alone or keep to myself | | | |
| I usually do as I am told | | | |
| I worry a lot | | | |
| I am helpful if someone is hurt, upset or feeling ill | | | |
| I am constantly fidgeting or squirming | | | |
| I have one good friend or more | | | |
| I fight a lot. I can make other people do what I want | | | |
| I am often unhappy, down-hearted or tearful | | | |
| Other people my age generally like me | | | |
| I am easily distracted, I find it difficult to concentrate | | | |
| I am nervous in new situations. I easily lose confidence | | | |
| I am kind to younger children | | | |
| I am often accused of lying or cheating | | | |
| Other children or young people pick on me or bully me | | | |
| I often volunteer to help others (Parents, teachers, other children) | | | |
| I think before I do things | | | |
| I take things that are not mine from home, school or elsewhere | | | |
| I get on better with adults than with people my own age | | | |
| I have many fears, I am easily scared | | | |
| I finish the work I'm doing. My attention is good | | | |

Signature:

Date:

Short Warwick Edinburgh Mental Wellbeing Scale (Young Person)

Your Name:

| Statements | None of the time | Rarely | Some of the time | Often | All of the time |
|--|------------------|--------|------------------|-------|-----------------|
| I've been feeling optimistic about the future | 1 | 2 | 3 | 4 | 5 |
| I've been feeling useful | 1 | 2 | 3 | 4 | 5 |
| I've been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| I've been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| I've been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| I've been feeling close to other people | 1 | 2 | 3 | 4 | 5 |
| I've been able to make up my own mind about things | 1 | 2 | 3 | 4 | 5 |



**COMMUNITY SPORTS
& EDUCATION
TRUST**
REGISTERED CHARITY NO: 1102239