

Empower Registration Form



COMMUNITY SPORTS
& EDUCATION
TRUST
REGISTERED CHARITY NO: 1102239

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 48 week project that aims to improve young peoples 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 peoples wellbeing by helping our participants to manage their emotions and understanding 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. Each phases scales down in contact time with participants, coinciding with psychotherapeutic approaches and NICE guidelines. Phase one consists of 12 weekly sessions. Phase two consists of 12 weeks of fortnightly sessions and finally phase three consists of 6 sessions spaced out monthly.

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 guarding 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

Name of Event:

Location:

Date of Event:

Venue:

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.

All data gathered on this form will be stored securely on the Trust's monitoring and evaluation platform, Substance Views. This data will be used by Watford Football Club's Community Sports and Education Trust and Watford Football Club to monitor progress, and may be shared with funding or delivery partners (including your child's school) for reporting or safeguarding purposes, unless otherwise consented on this form. Full data protection policy is available upon request.

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 | <input type="checkbox"/> | Physical | <input type="checkbox"/> |
| Hearing | <input type="checkbox"/> | Sight | <input type="checkbox"/> |
| Learning | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Does your child have any medical conditions?

Tick all that apply and provide details.

- | | | | |
|-----------|--------------------------|----------|--------------------------|
| No | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | Other | <input type="checkbox"/> |

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 | <input type="checkbox"/> | Inhaler | <input type="checkbox"/> |
| Epipen | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Media Consent

Photos and video footage of activities and participants will be taken by the Trust and its associated photographers and film crews during your child's time on the course. These may be shared with funding or delivery partners and used for promotional purposes by publication in promotional literature, educational materials, the media and the internet. Do you consent to your child being filmed, recorded and/or photographed for the use by the Trust?

Yes

No

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

By filling out the details above and signing this form you consent to us using your child's personal information in the way described above, and to us sharing your child's information with the above mentioned partners where it is relevant to them (for example, if your child undergoes a medical episode whilst in our care). Watford FC Community Sports & Education Trust is committed, through trained & competent staff, to provide a safe environment. Whilst in our care, all participants will be fully supervised. However, due to the nature of our activities, injuries can still occur. By signing below you are confirming that you have read and understood this statement and that you wish for your child to be accepted onto this course. You are confirming that the above information is correct and that any medical condition which may affect your child's participation on the course has been fully disclosed.

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



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