



**FREE
ENTRY**

**FREE
LUNCH
PROVIDED**

**AGES
P1-P4**

GIRVAN FAMILY EASTER BAKING SESSION



**WEDNESDAY 8TH APRIL AT THE
CARRICK OPPORTUNITIES CENTRE IN
GIRVAN FROM 11AM-1PM**



**TO REGISTER COLLECT FORM FROM YOUR CHILD'S SCHOOL OR
CONTACT**



CHELSEA.GLASS@SOUTH-AYRSHIRE.GOV.UK

**THRIVING
COMMUNITIES**



**GIRVAN FAMILY EASTER PROGRAMME
PRIMARY 1 – PRIMARY 4**

**CUT OFF DATE FOR CONSENT FORMS:
FRIDAY 20TH MARCH 2026**



**CONSENT FORMS WILL BE COLLECTED FROM YOUR
CHILD'S SCHOOL OR YOU CAN SEND THEM TO:**

CHELSEA.GLASS@SOUTH-AYRSHIRE.GOV.UK

**OLDER AND YOUNGER SIBILINGS ARE WELCOME, ADD
THEIR DETAILS TO THE CONSENT FORM.
ADULTS MUST ATTEND WITH THEIR CHILD.**

CONFIRMATION:

**IF YOU SECURE A PLACE YOU WILL BE CONTACTED BY
EMAIL OR TEXT MESSAGE SO PLEASE ENSURE ALL
DETAILS ARE CORRECT ON THE FORM.**

**PLEASE ENSURE THAT EVERYONE ADDS ALL DIETARY/ALLERGIES TO
THE CONSENT FORM.**

How your personal information will be used

It is our responsibility to keep your information safe. We will only collect the minimum amount of personal information we need to provide you with this service.

We will only share your information with Scottish Qualification Authority (SQA) and Social Work for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Council. We also have a duty to manage public funds, prevent and detect fraud so we may share the information you have provided with relevant bodies as is permitted by law.

To find out what to expect when the Council collects your personal information, please visit our website –

<https://www.south-ayrshire.gov.uk/privacy-notices/>

Personal Details: Parent / Guardian 1

Forename:		Surname:	
Prefer to be Known as:			
Address:			
Postcode:		Date of Birth:	__ / __ / ____
Mobile Phone:		Home Phone:	
Email:			

Preferred Method of Contact: (Please Tick *Only one*)

Home Telephone	<input type="checkbox"/>	Mobile Telephone	<input type="checkbox"/>	Text Message	<input type="checkbox"/>	Email	<input type="checkbox"/>	Letter	<input type="checkbox"/>
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes No Prefer not to say

Ethnic Origin: (Please Tick One Box)

African, African Scottish, African British	<input type="checkbox"/>	Caribbean or Black	<input type="checkbox"/>	White – Other	<input type="checkbox"/>	White – Scottish	<input type="checkbox"/>
Asian, Asian Scottish, Asian British	<input type="checkbox"/>	Mixed or multiple ethnic groups	<input type="checkbox"/>	White – Other British	<input type="checkbox"/>		
Prefer Not to Say	<input type="checkbox"/>	Other Ethnic Group (please specify)					

Main Language Spoken

Carer – Do you care for someone? (This could be due to illness, mental health condition, disability, elderly, issues with drugs or alcohol/in recovery, neurodiverse, or help with communication.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Care Experienced – Have you ever been in care at any point in your life? (We ask this because we may be able to offer more opportunities and support if we know about your care experience):	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

Parental Status (please tick one box)

Single Parent	<input type="checkbox"/>	Parent in a Couple	<input type="checkbox"/>
Not a Parent	<input type="checkbox"/>	Parent – No Dependent Children	<input type="checkbox"/>
Prefer Not to Say	<input type="checkbox"/>	Number of Dependent Children	



Childs Name	D.O.B	Name of Nursery/School		
Does the child/children live at the same address as detailed above?		Yes		No
If no, please provide address details				

Employment Status (please tick one box)			
Employed: Full-Time	<input type="checkbox"/>	Employed: Part-Time	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Actively Seeking Employment	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Economically Inactive (not working or looking for work)	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>

Please use this box to provide details of any long-term conditions/illnesses, allergies, medications, and special dietary requirements that may affect your participation

Please supply a name and telephone number in the event of an emergency		
		Relationship
Name:		
Telephone No:		

Photograph / Video / Recording Consent:

Photographs, videos or recordings may be taken during activities for the purposes of building a portfolio of evidence. They may be used to promote achievements in the press or on social media and to provide evidence for inspection purposes. I understand that, should I wish, I may withdraw my consent at any time by contacting thrivingcommunitiesinfo@south-ayshire.gov.uk. Information that has been shared cannot be unshared.

Please tick this box if you give permission for photographs, videos and recordings to be taken of you during attendance at this programme.

Learner Name (print):		Date:	
Learner Signature:			

Communities Officer Name (print):		Date:	
Communities Officer Signature:			



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Personal Details: Parent / Guardian 2

Forename:		Surname:	
Prefer to be Known as:			
Address:			
Postcode:		Date of Birth:	__ / __ / ____
Mobile Phone:		Home Phone:	
Email:			

Preferred Method of Contact: (Please Tick *Only one*)

Home Telephone	<input type="checkbox"/>	Mobile Telephone	<input type="checkbox"/>	Text Message	<input type="checkbox"/>	Email	<input type="checkbox"/>	Letter	<input type="checkbox"/>
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	

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Learner Signature:			

Communities Officer Name (print):		Date:	
Communities Officer Signature:			

