



European Friendship Week (EFW 2019)

Sunday 21 to Saturday 27 July 2019



The Ear Foundation @ St John's School, Church Street, Boston Spa, Wetherby, Leeds, Yorkshire LS23 6DF

Arrive after 12.00noon Sunday 21st July (Lunch provided) Leave at 8.30am Saturday 27th July





European Information Pack

What is EFW 2019?

European Friendship Week is a week of cultural exchange learning about ourselves and others.

At EFW the young people will:

- Have lots of fun and make new friends
- Develop team working and learn leadership skills
- Practise speaking English and find out about other cultures and European countries
- Grow in personal understanding of themselves and their identity as a young person with a hearing loss.
- Follow sessions within The Ear Foundation and Imagine If Assets for Success Framework. These focus upon building personal qualities which are transferrable into leadership, further education and business.
- Follow a social learning curriculum focussing upon fulfilling their potential
- Go on offsite trips and participate in onsite activities.

Who comes to EFW 2019?

EFW welcomes young people from across Europe who are aged 11 – 17 years old who wear cochlear implants. From experience we find that teenagers aged 13-17 gain most benefit from the week. We had a group of 11 year olds last year who had a great time. We think that this was because they were confident and had good English skills. We leave this decision up to the discretion of each country group. Their country needs to be a member of the European Association of Cochlear Implant Users (Euro CI Users). Details about this organisation and how to join can be found on their website www.eurociu.eu

What happens at EFW 2019?

2019 is the 9th EFW organised and led by The Ear Foundation with the support of the European Association of Cochlear Implant Users (Euro CI Users)

All staff and volunteers have completed their country's safe guarding children checks which in the UK is the Disclosure and Barring Service (DBS). The staff and volunteers are all experienced in working with young people with a hearing loss or are parents themselves of children with a hearing loss.

We are very proud to say that in 2018 The Ear Foundation residential schemes for disabled children were inspected by the UK government and given the highest rating of OUTSTANDING in all 3 areas. This is extremely difficult to achieve and not many residential schemes are given this rating.



What will we do at EFW 2019?

We will have whole day trips out to places of interest in the UK and days on site where activities are organised for us. These days will have different themes. They are all designed to give everyone opportunities to make friends, speak English, learn about ourselves and to find out about others.



Examples of some of activities arranged over the last few years at EFW

Historic York day trip

English Heritage day trip – national mining museum and underground tour

English countryside day - Expedition followed by cake at a village pub

Great British Bake off challenge

Basketball tournement

Croquet, Boules, Badminton,

Art day: clay tile designing, mug painting, Canvas art

Music day: Morris dancing, drumming

Practicalities of EFW 2019

Countries need to arrive in Leeds and from there we will arrange taxis for you to be transferred to St Johns School where EFW is based.

Please start to arrive around 12.00noon on Sunday 21st July 2019. Lunch will be provided.

Everyone leaves the site at 8.30am Saturday 27th July 2019. We return the keys at 9.30am.

EFW is based at St Johns school, Boston Spa. The young people sleep in shared rooms or individual rooms. All bedrooms have a red flashing light linked to the fire alarm in case of emergencies. There are leader's rooms on each corridor. The sleeping areas are linked to the central school and so children do not have to go outside to get back to their bedrooms during the day. There is a very strict policy of girls and boys corridors being separate at all times. The school has a large sports field, a large sports hall, a dining room, a small sports hall, a small lounge for games, a sound proofed theatre area and a sound proofed games hall.



Please bring with you...

Country Presentations

Your EFW country leader will liaise with you about:-

- A PowerPoint presentation about you and your country.
- Some food or small gift which represents your country which can be shared with about 60 other people.

CI Technology (all clearly named or identifiable)

- All the accessories you use with your Cl at home
- Spare batteries
- Chargers
- A way of wearing your technology very securely while playing sports
- A power adapter for UK plugs



Medication

Please complete a medical form and bring all required medication with you. Please note that we will be travelling on coaches to go off site on trips if your child needs travel sickness medication.

Kit List

All the usual items for an active holiday with young people

Remember:

- Very smart clothes for the EFW banquet
- Try and think of something you might like to do at the EFW talent show
- Your PowerPoint presentation on a USB stick
- Clothes and shoes for playing sport in
- Trainers for outdoor activities and walking in the country side on rough terrain
- Alternative shoes for indoor activities
- Rucksack
- Water Bottle
- Clothes for sunny weather
- Sun Hat and Sun Lotion
- Clothes for a rainy day!
- A small rain coat to put in your rucksack on day trips out the great British rain might be experienced!
- Towel & Toiletries
- Money for souvenirs

Bed linen is provided so no sleeping bags or pillows are required

Your young person can also bring the following items.

- Mobile Phone
- iPods/ iPads
- Camera





The Ear Foundation

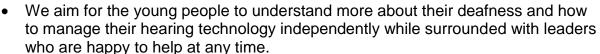
hearing and communicating in a technological era



- Please ensure that there are appropriate safety settings on mobile phones so that your young person is not able to access inappropriate websites.
- All personal belongings need to be clearly named especially cochlear implants and hearing technology accessories as there will be a lot of them around.
- Any valuable items can be handed in for safe keeping.
- The Ear Foundation & European Association of Cochlear Implant Users take no responsibility for personal items and money brought to the event.
- Some families insure their hearing technology on their home insurance policies. If this is possible in your country we do recommend it.

Ethos

- Throughout the week there will be an emphasis on understanding and learning about technology and deafness.
- We focus upon building self-esteem and learning about their own and each other's' self-identity and culture.
- We encourage independence and resiliency within a very supportive environment through aspects of travel, trips and activities. Our goal for all the young people is to feel
 - successful in each of the small or large steps they take in their activities and that it's good to have a go and it's OK to try.



- We want them to feel part of a bigger community of people happily wearing their cochlear implants and using them to hear and communicate, to optimise their spoken language potential.
- This is a multicultural holiday and so sharing information about other countries, and experiencing as many 'typical British' things is one of our priorities. We will encourage the young people to enjoy and practise speaking English.
- We encourage them to make new friendships and lasting friendships
- We want them to grow into their potential and to become future leaders and advocates.

Communication Policy

- Spoken English is used throughout the week.
- Each country leader will be responsible for translating the spoken English into the spoken language of their country as required. We pause for sequential translation during the daily presentation events.
- The young people are expected to wear their cochlear implants at all appropriate times during the week and to have the necessary accessories to be able to participate in all activities including sports and challenges.







Social Media

• EFW 2019 will have a closed Facebook page. Ear Foundation staff will monitor the posts in this group. They reserve the right to remove posts and parents / carers if inappropriate or slandering comments are made. Posts may include text, photos and film. We will endeavour to post daily so that parents can see what their children are doing. We have found that it is an excellent way for the young people to communicate with each other prior to and after the residential.

- If you would like to join the European Friendship Week Facebook Group, please add RACHEL LIGHTFOOT (Profile Photo is The Ear Foundation's logo) as a friend and then she will be able to add you to the group.
- Although our privacy settings will only allow members of the group to see the photos. This does not mean we are responsible for friends of the group showing the photos to anyone from their own account.
- We will generally not tag photos. Tagging is only authorised when a parent/ teenager specifically requests this on a solo photo of their child/them.
- Specific photos will be shared with associated groups who are supporting our activities e.g. activity organisations, funders & supporters

Behaviour and Rules

 We expect the young people attending EFW to be courteous and kind, and to follow leader's instructions throughout the event in order to be able to take full advantage of all the fun opportunities during the week.



- There is an EFW behaviour policy which we adhere to during the residential. Copies of this are available on request. The final response in this behaviour policy is that you would be contacted to take your child home.
- Young people are not allowed to drink alcohol, to smoke, use e-cigs / vaping, or take any non-medical drugs or to carry any inappropriate objects at any time during the EFW.

Spending Money

- All meals, activities and trips are paid for during the holiday.
- The young people will need money to buy a postcard and a stamp as one of the 'Use my English' challenges.
- They will only need money when out on activities for ice creams or souvenirs.
- Some young people will be sleeping in shared rooms. They will be asked to hand in their spending money on arrival. If they want to keep their money themselves it is at their own risk.
- The Ear Foundation and the partners supporting EFW take no responsibility for money or personal possessions brought to this events. We ask that you don't send your child with non-essential valuable items.



Medication

- Please complete the medication form for all items being brought to the residential
- Self-medication will be allowed if it is not harmful to others e.g. creams, inhalers, eye drops
- Medication which could be harmful to others will have to be handed in. E.g. paracetamol, ibuprofen.

Independence Skills

Children who come to EFW are expected to have an age appropriate level of physical and personal care skills. We respectfully request that this is discussed in detail with your EFW country leader and a member of The Ear Foundation staff prior to application if there are any concerns in this area.



Physical Skills

Due to the physical nature of some of the activities, young people attending the European Friendship Week will need to be able to walk independently for at least 5 hours.

Application Procedure

If you would like to join us:

- Your country must be a full member of the European Association of Cochlear Implant Users.
- Contact your country's EFW leader.
- Complete an application form and send it to the EFW country leader.
- The EFW country leader will then let you know if they accept you onto the country delegation group.
- Places are limited and so priority is given to young people attending for the first time and European Countries who have not attended before.
- The Ear Foundation family programme team will collate the paperwork and finances on behalf of the EFW delegation group.
- Please feel free to telephone or email Rachel Lightfoot or Clare Allen to discuss any aspect of the event.







Roles and Responsibilities of a Country Group Leader

The holiday is a lot of fun and a great experience for both the young people and the leaders themselves. To make it the best and safest experience for all, the following guidelines are provided.

As a country leader:

- You will act as the responsible adult for the children in your country group encouraging them to join in and get the most out of EFW both on site and off site.
- You need to have good English, and be able to communicate with the children that you bring with you. You will need to be able to translate for the children in your delegation in order that they understand all instructions and are able to join in all activities and to remain safe.
- You will need to work with and under the leadership of the EFW senior leadership team.
- You will be provided with accommodation and food. You will eat with the children and other adult leaders.
- You will be given some time off but you will be expected to be contactable in case of emergency.
- In emergencies you may have to be disturbed at night.
- You will not be able to drink alcohol whilst responsible for children.
- The UK has strict smoking laws and you are unable to smoke or use e-cigarettes in the school at Boston Spa where you are staying or while out on days with the young people.
- You are expected to be controlled and act as role model and leader for the children to look up to.

In order to be considered you will need to:

- Complete the application form below
- Provide a recent criminal records check. In the UK we have Disclosure and Baring Services (DBS) check for confirmation that people working with children and vulnerable adults do not have any criminal convictions. You will need to have your country's equivalent of this.
- Show proof of identification.
- Provide 2 referees



- The Ear Found Th
- Make sure that your country is a full member of the European Association of Cochlear Implant Users
- Complete the Group Leader Booking Form.
- Organise a group of 4 to 6 young people aged between 11 and 16 years old who
 all wear cochlear implants. Ideally a mix of boys and girls but this is not always
 possible. The standard country group is 4 young people. 5 or 6 teenagers can
 attend in a group if the leader has previously attended EFW.





- Obtain all the young people's completed application forms + a passport sized photo.
- As country leader you decide if you accept each young person into your country's delegation group.
- If they have any other medical conditions you need to be confident that you have enough understanding of that condition to bring the young person with you
- Liaise with your group about your country's EFW PowerPoint presentation.
- Arrange to meet with your delegation, once everyone has confirmed their place, prior to travelling to the UK, to run through flight time, meeting points, any last minute concerns, etc.



Travel Arrangements

- Each country is responsible for its own travel arrangements to Leeds. EFW will arrange pick up and drop offs from Leeds bus station, train station and airport. Please notify us of estimated times prior to the event.
- Details of these locations can be found on the following website: http://www.leeds-uk.com/transport/

Costings

A country group attending EFW contains 4 - 6 young people. A 2^{nd} leader can attend with a country group at no extra charge as this is linked with the safety and care of the young people attending. Charge are made according to the number of young people in the delegation group.

Group of 4 young people 1400€ Group of 5 young people 1750€ Group of 6 young people 2100€







European Friendship Week 2019: Booking Form

In order for us to ensure your young person has the best possible experience at our summer residential, please complete this form with as much detail and honesty as possible and include a **recent photo** (passport style that shows their face clearly)

| Personal Details | | | | |
|---------------------------|-------|---------------|------------------|---------|
| Name | | | | |
| | | | 1 | |
| Date of Birth | | | Age in July 2019 | |
| | | | | |
| Address | | | | |
| | | | | |
| | | | | |
| | | | | |
| Email | | | | |
| | | | | |
| Telephone | | | | |
| (include Country Co | de) | | | |
| First Emergency C | onta | ct Details | | |
| Name | | | | |
| | | | | T |
| Contact Numbers | Hon | ne: V | /ork: | Mobile: |
| (in case of an emergency) | | | | |
| Address (if different | | I | | |
| to the child) | | | | |
| | | | | |
| Email | | | | |
| | | | | |
| Second Emergence | y Cor | ntact Details | | |
| Name | | | | |
| Contact Numbers | Hon | ne: W | /ork: | Mobile: |
| (in case of an | | | | |
| emergency) | | | | |
| Address (if different | | | | |
| to the child) | | | | |
| Email | | | | |
| | | | | |
| | L | | | |



| Medical and Audiology | Details |
|---|---|
| Cause of deafness | |
| Implant Details | Unilateral Bilateral |
| Implant Manufacturer | |
| Date of Implant(s): | |
| Implant Centre's contact details | |
| Amount Cochlear Implant is worn? | All waking hours |
| Family Doctors Name | |
| Family Doctors Address and Telephone | |
| Any known Medical Conditions e.g. Asthma | |
| Any Allergies? | |
| Any Medication being taken: (a separate form will need to be completed) | |
| Support Needs e.g. emotional or behavioural needs | |
| Any food he/she will not eat: | |
| As this is an active week, please comment on your child's physical abilities: | Does your child have a physical disability? If so, please give details: |
| | Can your child walk unaided for around 5 hours? Please give more details if appropriate: |







| | Can your child climb and walk over rough terrain rocks? Please give more details if appropriate: | | |
|---|--|--|--|
| | Can your child swim over 50m? Please comment on their swimming ability and water confidence: (The children will not be swimming but might do water sports) | | |
| | If you would like to discuss this further please ring Clare Allen at The Ear Foundation on 00-44-115-942-1985 | | |
| I give permission for the | Please tick: | | |
| following to be administered in loco parentis as required/ requested by the child | Paracetamol in tablet form [] (If your child can only take liquid paracetamol please provide it for them) | | |
| (A record will be kept of all medication provided) | Ibuprofen in tablet form (If your child can only take liquid ibuprofen please provide it for them) | | |
| | Plasters | | |
| | Minor First Aid. E.g. Sting cream containing anti histamine | | |
| I understand bedrooms are single or shared. | Yes | | |
| Getting to Know your C | hild | | |
| What does your child like doing? Hobbies, clubs, activities | | | |
| Is there anything your child does not like doing? | | | |
| How does your child communicate? | | | |
| Example of a sentence your child would say in their home spoken | | | |







| your child would say in English spoken language | | |
|--|--|--|
| What helps your child make friends? | | |
| What helps your child if they are feeling sad? | | |
| What is your child looking forward to at EFW? | | |
| Any other information about your child that will help us to help them have the best EFW experience possible | | |
| Consents | | |
| Participation in EFW 2019 I hereby consent to my child participating in organised activities during the week. I have read the range of possible activities which have been undertaken on previous years and I agree that my child can participate in these or similar activities, including travelling in a coach under appropriate supervision at all times. | | |
| I authorise the EFW team to act in loco parentis with reference to my child's general health and wellbeing. | | |
| I understand that if my child behaves in a way which detracts from the enjoyment or safety of the other young people he/she could be stopped from attending trips and remain at the school with an adult. | | |
| As part of its work in supporting children, young people, adults and their families and in working with professionals, The Ear Foundation, has, for many years, had a lively and topical research programme. We would like to invite you to join this exciting venture? If you would like to join our Research Forum, please tick the box | | |



Date

| Photographs, Films, Social Media, Websites I the parent/ carer give permission for photos and films taken at the European Friendship Week residential of my child, to be used by The European Association of Cochlear Implant Users, The Ear Foundation, their Country's Association Group and the activity organisers association; to raise awareness, advertise, disseminate information and train others. This will include social media, web sites, newsletters, training presentations, conferences etc | | | |
|--|---|----------------|--|
| Photographs and Films Permissions (please tick) | | | |
| | | | |
| I agree that th | ne information in this form is correct to knowledge | the best of my | |
| lo | consent to my child participating as abo | ove | |
| Signature | | | |
| Name | | | |





European Friendship Week: 2019 Medication Form

If your child takes any medication please complete this form. Any medication will be collected from you on arrival and stored in a locked cabinet. The Ear Foundation team will ensure that medication is administered to your child at the right time.

| Name: | |
|--|-----|
| Medication 1 | |
| Name of Medication: | |
| Condition Medication is required for: | |
| Dosage Required: | |
| How often administered: | |
| How is it administered: | |
| Do they need help administering: | |
| My child is able to self- medicate: | Yes |
| Signed | |
| Medication 2 | |
| Name of Medication: | |
| Condition Medication is required for: | |
| Dosage Required: | |
| How often administered: | |
| How is it administered: | |
| Do they need help administering: | |
| My child is able to self- medicate: | Yes |
| Signed | |





| Medication 3 | | |
|--|--------|--|
| Name of Medication: | | |
| Condition Medication is required for: | | |
| Dosage Required: | | |
| How often administered: | | |
| How is it administered: | | |
| Do they need help administering: | | |
| My child is able to self- medicate: | Yes No | |
| Signed | | |
| Medication 4 | | |
| Name of Medication: | | |
| Condition Medication is required for: | | |
| Dosage Required: | | |
| How often administered: | | |
| How is it administered: | | |
| Do they need help administering: | | |
| My child is able to self- medicate: | Yes No | |
| Signed | 140 🗀 | |
| Signed | | |
| Please ensure all medicines are clearly labelled and in their original box / bottle and your child has the correct quantity for the duration of the event. | | |
| Signed by Parent / Guardian: | | |
| Date: | | |





European Friendship Week: 2019Group Leader Booking Form

| Name | |
|-------------------------|----------------------------------|
| Address | |
| | |
| | |
| Email | |
| Organisation affiliated | |
| to | |
| Position with | |
| Organisation | |
| (volunteer/ parent, | |
| etc.) | |
| Any Allergies? | |
| Any Dietary | |
| Requirements? | |
| | First Emergency Contact Details |
| Name | |
| Contact Number | |
| Relationship | |
| | Second Emergency Contact Details |
| Name | bootia Emorgency Contact Dotaile |
| 1101110 | |
| Contact Number | |
| | |
| Relationship | |
| • | |
| | Medical Information |
| GP Name | |
| | |
| GP Address and | |
| Telephone | |
| • | |
| Any known Medical | |
| Conditions e.g. | |
| Asthma | |



| Any other information The Ear Foundation should know | | |
|--|----------------|-----------------------|
| | Qualifications | |
| Establishment | Date | Qualifications gained |
| | | |

(Continue on another sheet is needed)

| Work and Volunteering Experience | | | |
|----------------------------------|----|--|---|
| From | То | Name and Address of Employers since 18 years old | Job Title, description of duties and responsibilities |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(Continue on another sheet if needed)





| Do you have any other training, qualifications or skills relevant to this role? | | | |
|--|--|--|--|
| | | | |
| Refe | rees | | |
| Name, Address and Position of Referee | Name, Address and Position of 2 nd Referee | | |
| | | | |
| Roles and Responsivities | | | |
| I have read the Roles and Responsibilities | s and agree to them all | | |
| I have enclosed a copy of my DBS (or equivalent) | | | |
| I DO NOT have a copy of my DBS (or equivalent) but here is evidence that I have applied for this | | | |
| I have enclosed a copy of my passport | | | |
| Signed: | | | |
| Date: | | | |





European Friendship Week: Travel and Arrival Form

Arrival Information (complete as appropriate) We are coming via: **Flight** Train Bus Departure From Arrival To Flight Number (if applicable) **Departure Time Arrival Time Departure Information** (complete as appropriate) We are leaving via: Flight Train Bus Departure From Arrival To Flight Number (if applicable) **Departure Time** Arrival Time





European Friendship Week: What you need to do now?

We hope you have found this information pack useful, and you have decided to join us. If you have any further questions or thoughts please do telephone Rachel Lightfoot or Clare Allen on 0115 9421985

Please enclose all of the below and return to:

Rachel Lightfoot,
The Ear Foundation, 83 Sherwin Road, Lenton, Nottingham, NG7 2FB

OR

You can email all of the below to rachel@earfoundation.org.uk

- Enclose the following completed forms:
 - 1. Group Leader Booking Form
 - 2. Group Leader Documents (Copy of DBS, Copy of Passport)
 - 3. Young Person's Booking/ Consent Form (please ensure you have included a photo of the young person)
 - 4. Young Person's Medication Form (if applicable)
 - 5. Travel Arrangements Form
- Pay the 400€ deposit (or the full amount) by the end of April 2019. The
 remaining balance of 1000€ (group of 4) or 1350€ (group of 5) or 1700€ (group of
 6) will need to be paid by the end of June 2019, don't worry we will remind you of
 this at a later stage).

Payment Methods:

Bank Transfer (please name the transaction EFW 2019 + name of your country)

Sort Code: 40-51-62 Account: 60478937

IBAN: GB64HAND40516249984540

Swift: HANDGB22

Cheque (needs to be made payable to The Ear Foundation)

If you have any queries about the residential or would like any further information, please do not hesitate to contact us on 00 44115 942 1985 and ask for either Rachel or Clare, or email us at rachel@earfoundation.org.uk or clare@earfoundation.org.uk