



European Friendship Week (EFW 2018)

Sunday 22 to Saturday 28 July 2018



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

European Information Pack





What is EFW 2018?

EFW is a fun packed week for young people who wear cochlear implants. It aims to help young people grow into their potential. The week's activities focus upon developing leadership and team working skills in the young people. It aims to strengthen their ability to face



challenges and grow in independence always promoting a positive self-esteem and self-identity. There is a big emphasis upon valuing different cultures and communities and of course lots of opportunities to practise speaking English and experience many traditional English things.

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 and self-esteem as a young person with a hearing loss
- Undertake resilience building activities
- Follow a social learning curriculum focussing upon fulfilling their potential

2018 is the 8th 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.

In 2017 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.



Timetable 2018

Sunday 22 July - On site

- Arrive at any time after 1pm.
- Organised activities start at 4pm
- · Group games and sports

Monday 23 July - On site

- Team working challenges
- Art / Craft session
- Evening group challenges

Tuesday 24 July - Off site

Mystery visit to traditional English experiences

Wednesday 25 July - On & Off site

- Visit to Leeds & sports challenges
- Themed evening meal

Thursday 26 July - Off site

- City visit to historic York
- EFW's Got Talent Show

Friday 27 July - On & Off site

- Challenges day off site challenges and on site sports
- Farewell Banquet Meal
- Games night

Saturday 28 July

 Leave before 9:00am. We must vacate the building by 10am.









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 50 other people.

CI Technology

- All the accessories you use with your CI 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 you 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
 - Money for souvenirs

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



- Mobile Phone
- iPods/ iPads
- Camera





Please ensure that there are appropriate safety settings on mobile phones so that your young person is not able to access inappropriate websites.

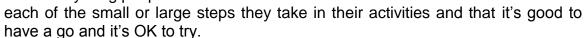
All personal belongings need to be clearly named.

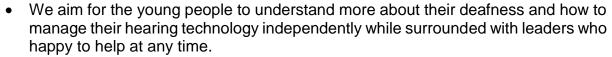
Any valuable items can be handed in for safe keeping.

The Ear Foundation & European Association of Cochlear Implant Users take no responsibility for personal items and money brought to the event.

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' selfidentity 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





- 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 2018 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 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.



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 4 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.
- Young people can attend EFW twice but not a third time unless a specific request with a reason is made to the EFW leadership team via Rachel Lightfoot at The Ear Foundation. Places are limited and so priority is given to young people attending for the first time and European Countries who have not attended before.
- 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.





- 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 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 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 countries equivalent of this.
- Show proof of identification.
- Provide 2 referees.

Organising a Country Delegation

- 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 decide if you accept this 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 which has previously attended EFW and is led by a returning leader can bring a group of 5 or 6 young people. A 2nd leader can attend with these groups at no extra charge as this is linked with the safety and care of the young people attending.

The cost for each European delegation is as follows:

Group of 4 1300€ Group of 5 1600€ Group of 6 1900€







European Friendship Week 2018: 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				
Date of Birth			Age in July 2018	
Address				
Email				
Telephone (include Country Co	de)			
First Emergency C		ct Details		
Name				
Contact Numbers (in case of an emergency) Address (if different	Hom	ne: \	Work:	Mobile:
to the child) Email				
Second Emergency	v Cor	ntact Details		
Name				
Contact Numbers (in case of an emergency)	Hon	ne: \	Vork:	Mobile:
Address (if different to the child)				
Email				





Medical and Audiology	Details
Cause of deafness	
Implant Details	Unilateral
mpiant Botallo	Bilateral
Implant Manufacturer	Bilateral
Implant Manufacturer	
Date of Implant(s):	
Implant Centre's	
contact details	
Amount Cochlear	All waking hours
Implant is worn?	7 iii waking nouro
•	
Family Doctors Name	
Family Doctors Address	
and Telephone	
-	
Any known Medical	
Conditions e.g. Asthma	
Any Allergies?	
7 tily 7 tiloligioo .	
Any Madication boing	
Any Medication being taken:	
(a separate form will need to be completed)	
Support Needs e.g.	
emotional or	
behavioural needs	
Dellavioural fieeds	
Any food he/she will not	
eat:	4. December 1911 and 1
As this is an active	1. Does your child have a physical disability? If so,
week, please comment	please give details:
on your child's physical	
abilities:	
	2. Can your child walk unaided for around 4 hours?
	Please give more details if appropriate:
	3. Can your child climb and walk over rough terrain
	rocks? Please give more details if appropriate:
	Tooks: I lease give more details it appropriate.





	 Can your child swim over 50m? Please comment on their swimming ability and water confidence: 		
	g ar y ar ar ar ar		
	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 following to be	Please tick:		
administered in loco	Paracetamol in tablet form [] (If your child can only take liquid paracetamol please provide it for them)		
parentis as required/ requested by the child			
(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 (If your child is allergic to some plasters please provide your child with them)		
	Minor First Aid		
I understand that my child might be sharing a	Yes		
orma irrigini bo siraririg a			
room			
room Getting to Know your C	hild		
Getting to Know your C What does your child like doing? Hobbies,	hild		
Getting to Know your C What does your child like doing? Hobbies, clubs, activities Is there anything your	hild		
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Getting to Know your C What does your child like doing? Hobbies, clubs, activities Is there anything your child does not like	hild		
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Getting to Know your C 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 language Example of a sentence your child would say in English spoken language What helps your child	hild		







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		
programme. I have looke	18 articipating in organised activities as described in articipating in organised activities as described in a dat the planned programme and I agree that my ctivities, including travelling in a coach under app	/ child
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		
Friendship Week resident of Cochlear Implant User	cial Media, Websites permission for photos and films taken at the E tial of my child, to be used by The European As as and The Ear Foundation to raise awareness, ation via the following marketing tools (please	ssociation advertise
European Friendship Wee	ek Closed Facebook Page	
The Ear Foundation's & E	Euro CI User's Main Facebook & Twitter Pages	
The Ear Foundation's & E	Euro CI User's Website	
The Ear Foundation's & E	Euro CI User's Newsletter & Flyers	
Websites of associated or	roups providing activities during EFW	





I agree that the information in this form is correct to the best of my knowledge			
l			
I consent to my child participating as above			
Signature			
Name			
Date			





European Friendship Week: 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 No
Ciana a al	
Signed	
Medication 2	
Medication 2	
Medication 2 Name of Medication: Condition Medication is	
Medication 2 Name of Medication: Condition Medication is required for:	
Medication 2 Name of Medication: Condition Medication is required for: Dosage Required:	
Medication 2 Name of Medication: Condition Medication is required for: Dosage Required: How often administered:	
Medication 2 Name of Medication: Condition Medication is required for: Dosage Required: How often administered: How is it administered: Do they need help	Yes __No _





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
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
Signed	
Please ensure all items are cl prescription.	learly labelled, in a sealed box and if possible with a repeat
Signed by Parent / Guardian:	
Date:	





European Friendship Week: Group 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	
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 Employer	Job Title, description of duties and responsibilities and reason for leaving

(Continue on another sheet if needed)





Do you have any other training, qualifications or skills relevant to this role?			
erees			
Name, Address and Position of 2 nd Referee			
<u> </u>			
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			





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 300€ deposit (or the full amount) by the end of April 2018. The
 remaining balance of 1000€ (group of 4) or 1300€ (group of 5) or 1600€ (group of
 6) will need to be paid by the end of June 2018, don't worry we will remind you of
 this at a later stage).

Payment Methods:

Bank Transfer (please name the transaction EFW 2018 + 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