

**FEBRUARY HALF TERM  
PROGRAMME 2023**

Monday 13 – Friday 17 February

**Kisharon** 

Education - Opportunity - Support  
Jewish answers for learning disabilities



**LEARN  
GROW  
ENJOY  
ACHIEVE**  
*with good days*

# GOOD DAYS

## Creating your bespoke programme of learning, leisure and living life!

At Kisharon, we believe that everyone should have a 'good day' every day. We know that a good day for one person is not necessarily a good day for the next person. Kisharon's Good Days offer enables every person to choose how they want to spend their day. Whether that is working, learning new skills or relaxing with friends, we aim to enable you to live the life you want, with the tailored support that we provide.

Come and meet with us and tell us what makes a good day for you, what goals and dreams you have and any skills you would like to learn. We can work together to put a unique and 'good day' together for you.

Our approach is to offer a blend of learning new skills linked to work, developing new hobbies or enabling you to live more independently. One of the ways you can gain skills is by attending one of courses focussed on both work and life skills or become a member of our growing Enterprise Team so that you will be prepared and equipped to enter the workplace, either in a voluntary or paid capacity.

We also offer a wide range of leisure opportunities such a cycling, theatre, drama, art and giving back to the community. We aim to ensure that you return home feeling you have strengthened your friendships, shared enjoyable experiences and had a Good Day, whilst learning along the way.

**Our February half term programme focusses on learning opportunities, but forms part of the wider Good Days offer, creating bespoke, tailored days of leisure and learning according to your preferences.**



# WHY CHOOSE GOOD DAYS?

Our aim is for people with learning disabilities to play an active and valued role in the community, as we strive to create a stronger society where everyone is appreciated for their contribution. Our programme is designed to allow people to learn the skills required to give back to the community and achieve their personal and professional goals.

## By providing the opportunity for:

- Learning and development
- Skills for work
- Friendship and relationship development
- Employment (paid or volunteer)

## This is achieved thanks to our:

- Bespoke person-centred programmes
- Access to a wide range of community and leisure opportunities
- Focus on choice and independence and what is possible not just what is available
- Offering taster opportunities to trial sessions before committing

**Good Days is rooted in Jewish values and beliefs.**



## WHO IS ELIGIBLE?

Anyone aged 16+ with a learning disability can apply, including both self-funders and those who have support under The Care Act. People can join the programme on a termly basis, annually or elect to attend during break periods from their regular place of study.

## CONTACT US

This brochure provides details of our February half term programme, together with the application forms required to apply for sessions. For further details on the half term programme or if you have any questions regarding the wider Good Days offer, please email [aviva.braunold@kisharon.org.uk](mailto:aviva.braunold@kisharon.org.uk) or call **07377 862 895**.

# FEBRUARY HALF TERM APPLICATION PROCESS

## COST:

£30 per session.

Each session is 2 hours: 10.30am – 12.30pm and 1.30 – 3.30pm

## APPLICATION:

Whilst we encourage applicants to sign up for the week programme to gain the full benefits of the experience, we also welcome people on a sessional basis, e.g. mornings only/ afternoons only/ ad hoc days of the week. All applicants must submit their completed application form, one page profile and medical questionnaire along with a recent photo before the 30th January and will be invited to a pre-programme meeting to assess needs before acceptance onto the programme.

If 1:1 support is required, it is advisable for the person to attend with their own support. There will be an additional cost per hour for Kisharon to provide 1:1 support.

## ON THE DAY:

### All applicants are asked to bring the following:

- freedom pass/topped-up oyster card for their travel
- snack
- drink
- cold packed lunch (Monday – Thursday). Please note: the premises is strictly kosher and vegetarian and we ask people we support to respect these guidelines.

For further information about foods or any details about the course, please contact Aviva Braunold on **07377 862 895** or [aviva.braunold@kisharon.org.uk](mailto:aviva.braunold@kisharon.org.uk), who will be happy to assist with any questions.



## SUPPORT:

If 1:1 support is required, it is advisable for the person to attend with their own support. There will be an additional cost per hour for Kisharon to provide 1:1 support.

# FEBRUARY HALF TERM

Date	Topic	Additional Information	Wishes to Attend <i>(please tick as necessary)</i>	Level of additional support required <i>(please circle each section)</i>
Monday 13th February 10.30 – 12.30	<b>Health and safety session</b>	<i>Introductions Identifying safety signs at work and in the community</i>		1:1 Group None
Monday 13th February 1.30 – 3.30pm	<b>Enterprise session: Packaging for Purim</b>	<i>Work as a team to create packages that will go out to synagogues and schools for Purim</i>		1:1 Group None
Tuesday 14th February 10.30 – 12.30	<b>Food safety: creating a healthy snack</b>	<i>Learning how to check for bugs in fruit or vegetables and making a salad</i>		1:1 Group None
Tuesday 14th February 1.30 – 3.30	<b>Food safety: Packing foods</b>	<i>Learn the foods safety rules for packing food and put together packs of dried fruit and nuts and sweets for Purim</i>		1:1 Group None
Wednesday 15th February 10.30 – 12.30	<b>Health and Well-being</b>	<i>Health and Wellbeing: Make a small healthy snack and then take part in our exercise session with a qualified physiotherapist to work on your stretching and strength</i>		1:1 Group None
Wednesday 15th February 1.30 – 3.30	<b>Volunteering for Goods for Good</b>	<i>Learn about the charity. Identifying different clothes items and sorting clothes and boxes for charity</i>		1:1 Group None
Thursday 16th February 10.30 – 12.30	<b>Food Safety: Making Challah Part 1</b>	<i>How to store ingredients correctly, checking sell by dates and making challah</i>		1:1 Group None
Thursday 16th February 1.30 – 3.30	<b>Making Challah Part 2</b>	<i>Working in teams to learn how to plait challah in different shapes and sizes and special challah for Purim</i>		1:1 Group None
Friday 17th February 10.30 – 12.30	<b>Drama</b>	<i>What is my dream job? You can learn how to practice your interview skills doing role plays in our drama session</i>		1:1 Group None


















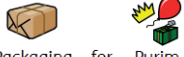






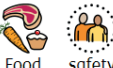









































# FEBRUARY HALF TERM APPLICATION



First Floor of Childs Hill Library, 320  
Cricklewood lane, London, NW2 2QE



Learning and Development  
Lead: Aviva Braunold Telephone:  
07377862895

   Date and Time			 Session	 Information
  13th  February  10.30  Morning  12.30	 Health and Safety	 Finding signs in the community		
  13th  February  1.30  Afternoon  3.30	 Enterprise	 Packaging for Purim		
  14th  February  10.30  Morning  12.30	 Food safety	 Creating a healthy snack		
  14th  February  1.30  Afternoon  3.30	 Food safety	 Packaging fruit for Purim		
  15th  February  10.30  Morning  12.30	 Being healthy	 making a snack and exercise		
  15th  February  1.30  Afternoon  3.30	 volunteering	 sorting clothes into boxes for charity		
  16th  February  10.30  Morning  12.30	 Food safety	 making challah dough		
  16th  February  1.30  Afternoon  3.30	 Food safety	 knot and plaiting challah		
  17th  February  10.30  Morning  12.30	 Drama	 role plays		

# FEBRUARY HALF TERM APPLICATION FORM

Monday 13 – Friday 17 February

# Kisharon

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# PROFILE

## APPLICATION FORM

Please fill out your information below

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

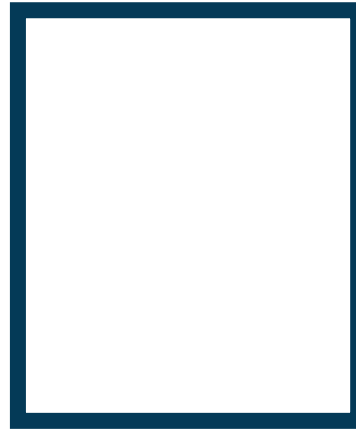
Age: \_\_\_\_\_

My allergies: \_\_\_\_\_

This is how I communicate: \_\_\_\_\_

This is how I would like you to communicate with me: \_\_\_\_\_

I might need help with some things. This is the best way you can support me: \_\_\_\_\_



This is a photograph of me

What I enjoy doing: \_\_\_\_\_

I don't like: \_\_\_\_\_

If I'm not happy I will: \_\_\_\_\_

If I'm feeling happy I will: \_\_\_\_\_



# LEARNING AND WORK SKILLS PROGRAMME

## STUDENT INFORMATION

Surname: \_\_\_\_\_

Full forename: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Full forename: \_\_\_\_\_

Known as: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential  Supported living

Respite  With parents

Parents address if different from above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other

## REGISTERED MANAGER/SUPPORT PROVIDER (IF APPLICABLE)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## LOCAL AUTHORITY

Social care: \_\_\_\_\_

Education: \_\_\_\_\_

Social worker name: \_\_\_\_\_

Social worker contact number: \_\_\_\_\_

# LEARNING AND WORK SKILLS PROGRAMME

## PARENT / GUARDIAN INFORMATION

### MOTHER

Title & full name: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Home address (if different from above): \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

### FATHER

Title & full name: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Home address (if different from above): \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

Are there any family or personal circumstances of which Kisharon should be aware? \_\_\_\_\_

## EDUCATIONAL HEALTH CARE PLAN

Is there an educational health plan in place?

Yes  No

Date issued: \_\_\_\_\_

Details of the applicant's disability or additional support requirements please attach any relevant reports:

Is there any other information Kisharon should be aware of regarding the applicant's personal needs?

# LEARNING AND WORK SKILLS PROGRAMME

## DIET INFORMATION

Please give details of any special dietary requirements including food allergies

## TRANSPORT INFORMATION

How will the student get to and from Kisharon:

Is there a deputyship order in place?

Yes  No If yes, please attach documentation from the court of protection

Please complete consent section if you are a court appointed deputy. If you are not, Kisharon will have consent discussions with parent(s) and student in line with the mental capacity act 2005. Only complete this section if you are a court appointed deputy.

Do you give permission? (please tick)

To go on local off-site activities by foot, coach or car, driven by staff or volunteers

To use public transport when accompanied by staff?

To be photographed or videoed promoting the kisharon programme

To be given first aid?

# LEARNING AND WORK SKILLS PROGRAMME

## EMERGENCY CONTACT INFORMATION

In case of parents/support being unavailable, you must give additional contact

### CONTACT 1

Title & full name: \_\_\_\_\_

\_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### CONTACT 2

Title & full name: \_\_\_\_\_

\_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## MEDICAL FORM - STUDENT INFORMATION

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Name of GP: \_\_\_\_\_

Surgery address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Consultant name: \_\_\_\_\_

\_\_\_\_\_

Consultant address: \_\_\_\_\_

Phone number: \_\_\_\_\_

# LEARNING AND WORK SKILLS PROGRAMME

## MEDICAL FORM - STUDENT INFORMATION

Are there any allergies kisharon needs to be aware of?

Yes

No

If yes, please give details:

I.E. Triggers, reaction, displayed and action taken in event of allergic reaction

Is the student on any medication?

Yes

No

If yes, please complete the attached medication form if medication is to be given at Kisharon.  
In addition, if applicable, please include an up to date epilepsy plan.

# LEARNING AND WORK SKILLS PROGRAMME

## MEDICAL FORM

To be completed only if medication is to be taken at Kisharon

Please note that kisharon college will not give, or allow any medication to be taken without this form being completed and signed by a parent/guardian.

All medication must be provided in original packaging including prescription/instructions.

## MEDICAL FORM - STUDENT INFORMATION

Surname: \_\_\_\_\_

Surgery address: \_\_\_\_\_

First name: \_\_\_\_\_

Principal condition/diagnosis: \_\_\_\_\_

## MEDICAL FORM - MEDICATION

Name/type of medication: \_\_\_\_\_

How long will this medication be taken: \_\_\_\_\_

Dosage: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Procedure to take in an emergency: \_\_\_\_\_

## MEDICAL FORM - DECLARATION

Name of parent/guardian: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_