



**Streetwise works with Jewish schools and Community organisations, enhancing the personal safety and personal development of young Jewish people to support their safe, physical, and emotional well being.**

**Our courses offer young people the opportunity to learn the skills to keep them safe when out and about as well as the confidence and techniques to deal with issues such as peer pressure, relationships and antisemitism.**

**STREETWISE COURSE  
YEARS 8 & 9**

Dear Applicant,

The Streetwise Course held in conjunction with The Zone, RSY, Sinai Synagogue, Habonim Dror, FZY and Bnei Akiva, will run on Sunday 30<sup>th</sup> March and 6<sup>th</sup> and 13<sup>th</sup> April from 6.45pm – 9pm. It will take place at a venue in Leeds.

The course is for participants in school years 8 and 9 and like all of our courses, is free of charge.

Each evening will consist of a Personal Safety (street awareness) session led by highly qualified experts including basic self-defense and a Personal Development workshop on issues such as antisemitism, respect, drugs and alcohol misuse.

Participants are expected to attend **all** sessions and will receive a certificate of participation on completion of the course.

Please find enclosed application and medical forms for the Streetwise Course. These must be completed in full, and signed by both the applicant and a parent/carer.

**Forms should be posted to STREETWISE, PO BOX 245, MANCHESTER, M7 2WY or faxed to 0161 705 7097 by Monday 24<sup>th</sup> March.**

Please note that all forms must be approved by us before the course commences and you will receive further information when your place on the course is confirmed.

Should you have any questions, please do not hesitate to contact me on 0161 705 7080 or e-mail [jude@streetwisegb.org](mailto:jude@streetwisegb.org).

Yours sincerely

Jude Kaplan  
Streetwise Northern Development Worker  
Email: [jude@streetwisegb.org](mailto:jude@streetwisegb.org)  
Website: [www.streetwisegb.org](http://www.streetwisegb.org)

## Application and Medical Form Private & Confidential

Full Name:

School:  Year:

Date of Birth:  Male / Female

Address:

Post Code:

Home Telephone:  Mobile:

Email:

Emergency Tel. No. & Contact Name 1:

Emergency Tel No. & Contact Name 2:

Country of birth:  Nationality / ies:

Synagogue:

### For the Participant

Each evening, you will have one session of personal safety training, and one workshop on a social issue such as antisemitism, substance misuse and respect.

<p><b>Have you been on a Streetwise course/taken part in a Streetwise session before? (Please give details)</b></p>	<p><b>How did you hear about the Streetwise Course?</b></p>
<p><b>What would you like to get out of the course?</b></p>	<p><b>What topics and issues would you like Streetwise to cover on the course?</b></p>



**The declaration of any information below will not preclude anyone from participating on the course. This information is essential to enable us to ensure that each participant is able to gain the utmost from sessions, which include physical activity, discussion, writing and role play.**

**Should the participant have any special requirements, please contact the organiser.**

Does the participant suffer from any medical condition or disability? If 'yes' please give full details (circle the condition if listed or give details if it is not).

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|----------------|-------------------------|--|
| HAEMOPHILIA    | EPILEPSY                | ALLERGIES (food or medical)                        |
| HEPATITIS      | DIABETES                | PSYCHOLOGICAL DISORDER                             |
| HIV/AIDS       | HEART DISORDER          | RESPIRATORY DISORDER<br>(eg Asthma, Hay Fever etc) |
| BLOOD DISORDER | NERVOUS SYSTEM DISORDER | OTHER<br>(Please give full details)                |

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Are you taking any medication currently? If 'yes' please give details:

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Please give details of any family issues or background that you think would be useful for us to know  
E.g.: recent divorce, bereavement, stress etc.

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Please give details of any other issues or conditions that you think would be important for us to know.  
E.g. dyslexia, autistic, ADHD, social issues:

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Maccabi GB  
Actively Jewish



**STATEMENT ON INSURANCE**

If an accident occurs during a class your Instructor must complete an Accident Report. This is for safety and to ensure the proper procedures are followed for insurance purposes. Therefore please ensure that you inform the Instructor of any injuries occurred during class. If no record is made you may not be covered.

Our insurance will not cover your private medical treatment, private dental treatment or damage to personal property or possessions. If you require private medical cover then you should arrange for this additional cover yourself.

**PARTICIPANT DECLARATION**

I confirm that I will use the training methods explained to me by my instructor and that I understand the above insurance details. I accept that the practice of martial arts involves the risk of injury.

I also understand that I am expected to behave in a positive, respectful and cooperative manner and that disruptive or inappropriate behaviour will be unacceptable.

Participant's full name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN'S DECLARATION** (to be completed for all applicants under 18 years of age)

I confirm that I consent to the above application and that I understand the above insurance details and have been informed of the nature and potential risks of martial arts training: I declare that all the information I have given is true and accurate and I understand that if I have not disclosed all information my child may not be able to participate in the programme.

Parent/Guardian's full name \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPHS AND PUBLICITY**

I hereby consent to Streetwise, Maccabi GB and CST using (in any media you chose), without charge, for publicity and promotional aspects of Streetwise, my child / ward appearing and/or being quoted in any photograph, video, audio, literature, CD, internet and anything else relating to Streetwise. All rights of whatsoever nature to such material will belong to and remain the property of Maccabi GB, CST and Streetwise solely and absolutely

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION AND MEDICAL FORMS TO:**

**STREETIWSE, PO BOX 245, MANCHESTER, M7 2WY**  
By Monday 24<sup>th</sup> March\*

**Should you have any further questions please contact:**  
**Jude on 0161 705 7080 or [jude@streetwisegb.org](mailto:jude@streetwisegb.org)**

\*Please book early to avoid disappointment, we reserve the right to refuse late applications.