**Access Disability Project**

**Registration and Initial Assessment form**



**Data Protection & Confidentiality**

*This information is being collected so that can ensure your child receives the right level of support based on their disability.*

*It also helps us to keep your daughter/son safe – so that we can contact you if they are ill or hurt, for example.*

*We will keep all of the details on this form confidential. We give statistical information to our funders so that they can check our work; We do not give information about you or your child to any other organisation or person. You can ask to see the records we keep about your child at any time.*

1. **Information about your child / young person**

|  |  |
| --- | --- |
| **First name** |  |
| **Surname (Family name)** |  |
| **Address** |  |
| **Postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of birth** |  | **Age** |  |
| **Gender** | **Female male** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of school** |  | **Year** |  |
| **Name of class teacher / SEN Co-ordinator** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/carer name** |  | **Relationship to child** |  |
| **Home phone number** |  | | |
| **Mobile phone number** |  | | |

**2 Emergency contact details**

**(Main contact for in an emergency)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Relationship to child** |  | | |
| **Address & Postcode** |  | | |
| **Telephone no 1** |  | **Telephone no 2** |  |

**(second contact for in an emergency)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Relationship to child** |  | | |
| **Address & Postcode** |  | | |
| **Telephone no 1** |  | **Telephone no 2** |  |

**3 Type of disability and Special Needs**

**Please describe**

|  |
| --- |
| **Learning Disability** |
| **Physical Disability** |
| **Visual Impairment**  **Please say what special equipment is used:** |
| **Hearing Impairment** |

|  |  |
| --- | --- |
| **Does your child need assistance with the toilet?** | **Yes No** |
| **If yes, please say what**  **If we cannot provide the level of assistance you child needs we will tell you** |  |

**4 Medical conditions and medication**

|  |  |
| --- | --- |
| **Any medical conditions we need to be aware of**  **Yes No (If yes please say)** |  |
| **Any allergies we need to be aware of**  **Yes No (If yes please say)** |  |
| **Any special dietary requirements**  **Yes No (If yes, please say)** |  |
| **Does your child take medication to help manage his/her condition?**  **Yes No**  **If you child needs medication while they are at the club (including when on day trips please say** | **Name of Medication**  **When does the medication need to be taken?**  **Will you child administer the medication themselves?** |

**5 Challenging behaviours**

**Please detail any challenging behaviours which your child displays:**

**What techniques do you use to calm them down?**

**6 Support requirements**

**What support requirements does your child need when he/she is at the Club**

|  |  |
| --- | --- |
| **How regularly do you want us to give you feedback about how your child is getting on at the Club?** |  |

|  |  |
| --- | --- |
| **What regular activities does your child access (apart from school)?** |  |
| **What support does your child currently receive in addition to yours and the family? (Shared care, respite care, Social Worker, Family Worker etc)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your son/daughter have a Social Worker?** | **Yes No** | **Social Worker’s name** |  |

**7 Transport to and from CYCD**

|  |  |
| --- | --- |
| **Does your child require transport to and from the Club?** | **Yes No** |
| **Collection address** |  |
| **We will bring your child home to?** |  |

**8 Parental /Carer consent**

In order for your child to be part of the Access Disability Project at CYCD we need your consent as the parent / Carer / Legal Guardian.

**Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give my consent for my child, named above, to take part in activities at Centre for Youth & Community Development (CYCD). These activities include weekly clubs, holiday clubs including trips and outings.

**Yes No**

I give consent to my child being photographed whilst taking part in activities on the understanding that any photographs or images of my child will not identify him/her by name. Photographs/images may be used in our publicity materials or CYCD website.

**Yes No**

I give consent to my child receiving urgent medical attention if contact with me cannot be made

**Yes No**

I give consent for CYCD to contact my child’s school or Social Worker in confidence to share information which will help my child to get the support they need.

**Yes No**

All the information given in this form is correct to the best of my knowledge. I will inform the project about any changes to my child’s condition.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Carer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any other information you think we need to know?**

The information on this sheet is a requirement from our funders and is useful to us to ensure our project is reaching as wide a section of the community as possible.

**9 Ethnicity monitoring**

|  |  |  |
| --- | --- | --- |
| **White** | White British |  |
| White Irish |  |
| White other |  |

|  |  |  |
| --- | --- | --- |
| **Mixed ethnic background** | White & black Caribbean |  |
| White & black African |  |
| White & Asian |  |

|  |  |  |
| --- | --- | --- |
| **Asian** | Pakistani |  |
| Bangladeshi |  |
| Indian |  |
| Other Asian |  |

|  |  |  |
| --- | --- | --- |
| **Black** | African |  |
| Caribbean |  |
| Other black |  |

|  |  |
| --- | --- |
| Chinese |  |
| Any other ethnicity |  |
| Prefer not to say |  |

**How did you hear about our project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send completed form to Admin & Finance Section, CYCD, 94-106 Leagrave Road, Luton, LU4 8HX or email to: [s.moheeuddin@cycd.org.uk](mailto:s.moheeuddin@cycd.org.uk)