



Lets Unite For Autism Playscheme

Information Sheet 2023

Application Form

The attached playscheme application form needs to be completed **once a year** and can be used for multiple playschemes throughout the year. Please complete this form as thoroughly as possible to ensure we can put the right support in place for your child before they attend our playscheme.

The form can be completed electronically and sent to info@letsuniteforautism.org

If you have any difficulties downloading or opening this form, please get in touch as we are happy to post you a paper copy or send it through to you in an alternative format.

What to expect

- We normally start taking bookings 2 months before each playscheme. On average we offer families a booking period of at least a month to complete and return their forms.
- Any applications we receive before the closing date will be allocated a place on playscheme.
- If we are over-subscribed, we may not be able to offer you all the dates you have requested.
- Following the booking period, we will allocate places to families and send out a confirmation letter detailing the dates you have been given and further information about how to pay.
- Following the closing date and places being allocated, we will then offer places on a first come first served basis. We will operate a waiting list once the playscheme is full.
- You would need to re-apply for a place on each playscheme – so if you attended or were on the waiting list in April, you will need to complete a new booking form if you want to attend in the summer.

Lets Unite For Autism Playscheme Form 2023

Childs Details:

Name:

D.O.B:

Gender:

Address:

School:

Parent / Carer Details:

Name:

Relationship:

Address:

Email:

Home Telephone:

Mobile Number:

Emergency Contact Numbers

In the case of emergency, we will look to contact the following people in order. Please make sure that mobiles are switched on and contacts available during playscheme.

1. Name:

Relationship:

Contact Number:

2. Name:

Relationship:

Contact Number:

Health and Medical Information

How would you describe your child's disability?

Does your child have any medical needs such as epilepsy, asthma, or other health related conditions? If yes, we may contact the school nursing team for up-to-date advice

Does your child have any allergies? E.g., food, animals, pollen, grass etc.

Please list what medication your child takes, the dose and times given. If your child has complex medical needs, please contact us. If your child requires regular medication, we will contact the school nursing team to get up to date advice around this.

Communication Needs

What form of communication does your child use? E.g., Verbal, PECS, BSL, Makaton.

Does your child have any needs in relation to your hearing or sight?

Toileting

Does your child require assistance using the toilet? What assistance is required – incontinent, pads, pullups, needs prompting, needs help with wiping, hoist etc.

Diet

Does your child have any special dietary requirements? e.g., puree diet, thickener in drinks – what consistency, halal etc.

If your child is PEG fed, please contact the center when you submit your form as we will need time to arrange training for this.

Does your child need any help or supervising with feeding? How much does your child eat at lunch time and how can we encourage them to eat?

Travelling and Trips

Does your child use a wheelchair? If yes, do they need to travel in their wheelchair or can they transfer to a seat?

We may have trips to public places. Is there anything we should be aware of when taking your child out? e.g., disability buggy used, visual support required, daily timetable to be used, no road danger etc.

Behavior and Support

If your child exhibits any challenging behavior how is this managed?

If your child becomes upset, how do they like to be comforted?

Does your child ever injure themselves or others? How do you de-escalate this? Are there any warning signs that we should be aware of?

Does your child require any 1:1 care? If so when and with what specific tasks?

In the event of a fire alarm will your child require any extra assistance. Is there anything specific we need to say or do in the event of a fire alarm.

If we need more information regarding this, we will complete a Personal Emergency Evacuation Plan with you for your child.

Likes and Dislikes

What kind of activities/ toys does your child like?

What activities do they not like? Is there anything that might upset them? E.g., loud noises, bright lights

Are there any particular phrases we should use with your child e.g. now/ next? Are there any phrases that may cause upset or set off a crisis?

Please provide any further information - which will help us to ensure that your child's needs are met during their time at playscheme.

Consent

I hereby certify that the information given on this form is correct, and –

I have parental responsibility/delegated authority for this child Yes No

I give my permission for playscheme staff to:

Administer first aid if needed?

YES NO

To seek medical advice or treatment?

YES NO

To take trips outside of the playscheme building e.g. local park?

YES NO

To contact my child's school/school's nursing team?

YES NO

Signed

Print Name

Date

Your details and contact from us

We will store your contact details on our database. Your child's details will be stored confidentially.

Please let us know how you would like to receive information from us. Please tick all your preferences.

General information – Including our newsletter, this may be information about our services and ways you can help, such as volunteering, how to donate to us or how you can get involved in activities like fundraising.				
Post	Yes	[]	No	[]
Telephone	Yes	[]	No	[]
Email	Yes	[]	No	[]
SMS text	Yes	[]	No	[]

Service User information – Please <u>also</u> tell us how you would like to continue to receive information from us about accessing Lets Unite for Autism services and other services in Brent.				
Post	Yes	[]	No	[]
Telephone	Yes	[]	No	[]
Email	Yes	[]	No	[]
SMS text	Yes	[]	No	[]

How did you hear about Lets Unite For Autism Playscheme?

Behaviour management policy

- All children and young people and their families will be treated fairly and with respect.
- We will support and encourage all children and young people attending activities to treat each other with kindness and respect.
- We understand that children and young people with additional needs sometimes experience the world and those around them differently and this can affect their responses. Our aim is to support them in responding appropriately to situations and to help them behave in a way that promotes enjoyment of the activities for them and those around them.
- We will work with parents/carers to understand how their child behaves and the different behaviours that they can exhibit when upset, anxious and happy.
- If a child or young person has a behaviour management plan in use at school Lets Unite for Autism Scheme will ask to see the details, with the parents/carer's permission, so that staff and volunteers can manage behaviour in a consistent manner.
- All staff and volunteers will be made aware of any triggers to behaviour that might be difficult to manage and techniques for de-escalating challenging behaviours.
- Positive interactions and behaviour will always be rewarded and praised.
- Children and young people will not be labelled, shouted at or told they are bad or stupid.
- In all cases staff will use de-escalation techniques to try to calm or settle a child/young person or distract them with another activity. Physical intervention or restraint of a child or young person will only be used in exceptional circumstances.
- If a child or young person's behaviour escalates to a level at which they are at risk of harming themselves or others or they are distressed over a long period of time and are unable to settle and cannot be reassured, Lets Unite for Autism Scheme may ask parents/carers to collect their child/young person.
- Parents/carers will be consulted as a situation develops to prevent the child/young person needing to be collected if possible.

I have read and understood this behaviour policy

Signed

Date

Images and stories consent form

Name of person(s) to be photographed/filmed/story shared:

This person is a:

- Service user *which service?* _____
- Parent/guardian/family member of service user *which service?* _____
- Lets Unite for Autism Scheme employee
- Lets Unite for Autism Scheme volunteer
- Other *please specify:* _____

It has been explained to me that Lets Unite for Autism Scheme requires photographs, voice, video recordings and stories/case studies/quotes, in order to show a positive view of the organisation, its employees, volunteers and people that use its services.

I consent to all future collection, storage and use of photography, video, voice recordings and stories/case studies/quotes for myself/the above-named person(s) (delete as appropriate) from the date stated below.

Please add how you agree these can be used (please circle)

Service user records such as a child's development record, a one-page profile or a care/support plan	Yes	No	N/A
In another service users record (as a group) such as a child's development record, a one-page profile or a care/support plan	Yes	No	N/A
In displays within Lets Unite for Autism Scheme	Yes	No	N/A
On the Lets Unite for Autism Scheme website and social media (i.e. Facebook/Twitter/YouTube/LinkedIn)	Yes	No	N/A
In Lets Unite for Autism Scheme newsletters, leaflets and other publications	Yes	No	N/A
In publicity and fundraising features in the press (e.g. newspapers/radio/TV)	Yes	No	N/A

In fundraising literature (e.g. Thank you cards for donors, collection boxes, posters for events)	Yes	No	N/A
Funding applications and reports to funders (these are generally not in the public domain)	Yes	No	N/A
To use your first name alongside images and stories	Yes	No	N/A

I understand that any images, recordings and/or stories/case studies/quotes may be used by Lets Unite for Autism Scheme at any time, both now and in the future. I/the named person(s) above will not benefit in any way because of being involved and I will not own the copyright.

Consent continues with no time limit, however, it is important that images and stories are up to date, therefore, we will not normally use images or stories for more than three years after the date that they were collected, unless there is a legitimate reason to use them beyond this date.

You can change or withdraw your consent at any point, if you would like to do this, please email us on info@letsuniteforautism.org or call 07525481655

If you withdraw your consent for an image or story to be used, and this has been used for publicity materials, we will stop using these with immediate effect, however, we will not be able to withdraw publicity that has already been circulated. We will remove images from leaflets and publications

By signing this consent form, I agree to all of the above.

Name of consent-giver:

Signature:

Contact phone/email:

Date:

Office use only:

Details added to the central consent database: Yes/No

Details added to iConnect Yes/No

Details retained by service if not full consent given: Yes/No

Mental Capacity Assessment Undertaken (where service Yes/No

user over the age of 16 has completed the form)

Equal Opportunities and Monitoring

Please state the type of disability your child has:

Disability Type	Code	Yes/No	Disability Type	Code	Yes/No
Specific learning difficulty	SPLD		Visual impairment	VI	
Moderate learning difficulty	MLD		Multi-sensory impairment	MSI	
Severe learning difficulty	SLD		Physical disability	PD	
Profound & multiple learning difficulty	PMLD		Autistic spectrum disorder	ASD	
Social, emotional and mental health	SEMH		Other difficulty / disability	OTH	
Speech, language and communication needs	SLCN		SEN support but no specialist assessment of type of need	NSA	
Hearing impairment	HI				

Please state your child's ethnicity:

Your Ethnicity	Code	Please Tick	Your Ethnicity	Code	Please Tick
White British	WBRI		Pakistani	APKN	
White Irish	WIRI		Bangladeshi	ABAN	
Traveller of Irish Heritage	WIRT		Any other Asian background	AOTH	
Any other White background	WOTH		Caribbean	BCRB	
Gypsy/Roma	WROM		African	BAFR	
White and Black Caribbean	MWBC		Any other Black background	BOTH	
White and Black African	MWBA		Chinese	CHNE	
White and Asian	MWAS		Any other ethnic group	OOTH	
Any other Mixed background	MOTH		If other ethnic group please state which		
Indian	AIND				

I like:

I don't like:

Attach a photo of your child – this will only be displayed in the staffroom to aid with staff briefings at the start and end of each day.

Name: ...

One Page Profile

How I like to be supported and how I communicate:

My goal on play scheme is: