**Leeds Mencap Playscheme**

**Information Sheet 2021**

**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@leedsmencap.org.uk or you can post it to Leeds Mencap, 20 Vinery Terrace, Leeds, LS9 9LU.

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 will 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.

**Leeds Mencap Playscheme Application Form 2020**

**Childs Details:**

Name:

D.O.B: Gender:

Address:

School:

**Parent / Carer Details:**

Name:

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.

**Behaviour 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?

**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 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. |  | **Service User information** – Please also tell us how would you like to continue to receive information from us about accessing Leeds Mencap services and other services in Leeds.  |
| Post | Yes | [ ] | No | [ ] |  | Post | Yes | [ ] | No | [ ] |
| Telephone | Yes | [ ] | No | [ ] |  | Telephone | Yes | [ ] | No | [ ] |
| Email | Yes | [ ] | No | [ ] |  | Email | Yes | [ ] | No | [ ] |
| SMS text  | Yes | [ ] | No | [ ] |  | SMS text | Yes | [ ] | No | [ ] |

**How did you hear about Leeds Mencap Playschemes?**



**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 Leeds Mencap will ask to see the details, with the parents/carers permission, so that staff and volunteers can manage behaviour in a consistent manner.
* All staff and volunteers will be made aware of any particular 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, Leeds Mencap may ask parents/carers to collect their child/young person.
* Parents/carers will be consulted as a situation develops in order 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?* |  |
|  |
|  |  |  |  |
| Leeds Mencap employee |  |  |  |
|  |  |  |  |
| Leeds Mencap volunteer |  |  |  |
|  |  |  |  |
| Other |  |  *please specify:* |  |

It has been explained to me that Leeds Mencap 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 Leeds Mencap premises inc Jimbo’s Community Nursery | Yes | No | N/A |
| On the Leeds Mencap’s and Jimbo’s Community Nursery website and social media (i.e. Facebook/Twitter/YouTube/LinkedIn) | Yes | No | N/A |
| In Leeds Mencap’s, Jimbo’s Community Nursery 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 Leeds Mencap at any time, both now and in the future. I/the named person(s) above will not benefit in any way as a result 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 our Administrator at info@leedsmencap.org.uk or call us on 0113 235 1331.

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 and reprint following discussion with Fundraising/CEO.

We will also be unable to remove historic images from social media

.

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.

My goal on play scheme is:

How I like to be supported and how I communicate:

Name: ………………

**One Page Profile**