

REGISTRATION FORM



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This form must be completed by/for anyone who wishes to participate in InterAct's activities.

Please also inform us when there are any changes in contact details, medication or other personal information

We may contact you for further information, or to clarify any details on this form, if we need to.

To give us a clear picture of everyone as an individual, please attach a copy of your One Page Profile or 'All About Me' sheet, if you have one. If you do not have this, we may be able to arrange to help you put one together.

PLEASE TICK AS APPROPRIATE: One Page Profile Attached Please advise/support on completing Profile

>> CONTACT DETAILS			
Your name		Gender	
How did you hear about InterAct?		Date of birth	
Your address			
Home phone no		Your Mobile	
Email address(es): yours and/or your Parent/Carer's			
Parent/Carer(s) Name(s)		Relationship(s)	
Parent/Carer Mobile 1		Mobile 2	
Preferred method of contact: Home phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Email <input type="checkbox"/>			
School or college		Doctor's surgery name	
Are you completing this form for a Looked After young person (Child in Care)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, please include Social Worker's contact details		Name:	
Telephone:		Email:	

Attach photo here

>>EMERGENCY CONTACT INFORMATION – preferably in addition to the numbers given above			
Emergency contact 1		Relationship	
Phone No		Mobile no	
Emergency contact 2		Relationship	
Phone No		Mobile no	

>>SUMMARY OF NEEDS - <i>We may request further information, if needed, or please continue on a separate sheet</i>
Please give a brief summary of any disability or difficulties you have (please also see tick list on Page 3)
What support structures and strategies are used (e.g. routines, or any urgent actions we may need to take)?

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Please give details of any specific health issues such as epilepsy, asthma, diabetes or food allergies/intolerances

If you have epilepsy, please give date of the last seizure, how often they occur, triggers and what to do if one occurs:

Do you carry any medication? If yes, please explain what this is for.

How is this medication managed (e.g. self-administered, or any assistance that may be required)?

Personal Goals: What would you like to achieve by participating in InterAct's activities? (e.g. skills, independence)

Other comments or information we should know? (including any particular projects/groups you would like to join)

>> MY CONSENT TO ACTIVITIES AND PHOTOGRAPHS (for those over 18 years old)

I am applying to attend **InterAct's** activities and events.

Please let us know whether you give consent to InterAct using photographs for:

Record-keeping (confidential internal database): Yes/No

Marketing purposes (anonymously – newsletter, programme etc): Yes/No

NB. If this section is not completed it will be assumed that permission has been granted.

Signed..... Name..... Date.....

>> OR PARENT/CARER'S CONSENT TO ACTIVITIES AND PHOTOGRAPHS (for a Young Person under 18, or for Adults without Mental Capacity)

I agree to the person named above attending **InterAct's** activities and events.

Please let us know whether you give consent to InterAct using photographs for:

Record-keeping (Confidential internal database): Yes/No

Marketing purposes (anonymously – newsletter, programme etc): Yes/No

NB. If this section is not completed it will be assumed that permission has been granted.

Signed..... Name..... Date.....

Relationship to person

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>>MONITORING - We are required to gather the following information for our funders:

Ethnicity Please tick (✓)

White British	White Irish	Other White	Traveller (Irish Heritage)	Gypsy/Roma	Mixed White & Black Caribbean	Mixed White & Black African	Mixed White & Asian	Other Mixed Background	Prefer not to say
Indian	Pakistani	Bangladeshi	Chinese	Other Asian Background	Black Caribbean	Black African	Other Black Background	Other Ethnic Group	

Preferred Language: _____

>>PRIORITY GROUPS, DISABILITIES AND OTHER NEEDS – please tick all that apply

- Children and young people with Autistic Spectrum Disorder (who have severe learning difficulties or behaviour which is challenging) OR those children and young people whose challenging behaviour is associated with other impairments such as severe learning difficulties.
- Children and young people with complex health needs including those with disability and life limiting conditions, and/or those who require palliative care and/or those with associated impairments such as cognitive or sensory impairments and/or have moving/handling needs and/or require special equipment/adaptations.
- Child on a Child Protection Plan Looked After Child / Child in Care
- Young carer (child/young person in a caring role)
- Learning disability/difficulties - please indicate: moderate severe profound and multiple (PMLD)
- Autistic Spectrum Disorder (ASD) Asperger’s Syndrome
- ADHD Social/interpersonal difficulties
- Social, emotional and behavioural difficulties Speech, language and communication difficulties
- Continuing health care needs Emotional/mental health needs
- Physical disability or difficulties with mobility Wheelchair user
- Visual impairment Hearing impairment

Data Protection Statement

The personal information you have provided will be held by the charity for the sole purpose of providing services and supporting children, young people and families. We may be required to share this information with our funders so that we can provide the services you have asked for.

InterAct complies with the Data Protection Act 1998.

Please tick this box to show your agreement to this

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IMPORTANT – What you must do if there are any changes in your personal details or other information

InterAct needs to maintain accurate and up-to-date records of those who use our services, in order to provide safe and effective support. So that we can do this, we will ask you to complete and return a new Registration Form and Risk Assessment every year.

It is also **your responsibility** to tell us, preferably in writing, of any changes that occur after a Registration Form has been submitted.

We will then update your form, or we may ask you to complete a new form.

This will include any changes to:

- Your address
- Home phone number
- Your mobile phone number
- email address
- Parent/carer contact details
- Emergency contact names or phone numbers
- Support needs
- Health issues – allergies, asthma, epilepsy, medication etc.
- Behaviour or other Risk Assessment issues

Please sign below, to confirm that you have understood that you need to do this.

>> My responsibility to provide accurate and up-to-date information (for those over 18 years old)
I confirm that I am providing accurate and up-to-date information now, and understand that I am responsible for informing InterAct of any changes which may occur in the information I have provided.
Signed..... Name..... Date.....
>> OR Parent/carer’s responsibility to provide accurate and up-to-date information (for a Young Person under 18, or for Adults without Mental Capacity)
I confirm that I am providing accurate and up-to-date information now, and understand that I am responsible for informing InterAct of any changes which may occur in the information I have provided.
Signed..... Name..... Date.....

Please return the completed Registration Form to:
Young People’s Services, InterAct, Moulsham Mill, Parkway, Chelmsford, Essex, CM2 7PX

Important information- please retain this page

InterAct needs to maintain accurate and up-to-date records of those who use our services, in order to provide safe and effective support. So that we can do this, we will ask you to complete and return a new Registration Form and Risk Assessment every year.

It is also **your responsibility** to tell us of any changes that occur after a Registration Form has been submitted, preferably in writing, by email youngpeopleteam@interact.org.uk, or by phoning InterAct Young People's Service on 01245-608206. We will then update your form, or we may ask you to complete a new form.

This will include any changes to:

- Your address
- Home phone number
- Your mobile phone number
- email address
- Parent/carer contact details
- Emergency contact names or phone numbers
- Support needs
- Health issues – allergies, asthma, epilepsy, medication etc.
- Behaviour or other Risk Assessment issues

INDIVIDUAL RISK ASSESSMENT (ALL AGE GROUPS)

NAME: _____



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>>RISK ASSESSMENT – This should be completed by a Parent, Carer or other responsible adult

InterAct has a duty of care to ensure that we have full information about the possible risks to the people we support, and/or any risks to others, so that everyone can participate and be supported safely, whatever their age.

Someone who knows a person well (e.g. a parent, carer, teacher, tutor or key worker) needs to complete the following information as accurately and honestly as they can.

Please indicate from your knowledge of this person's history any evidence of the following:	Risk to self (✓)		Risk to others (✓)	
	YES	NO	YES	NO
Self-harm				
Verbal aggression				
Physical aggression				
Inappropriate social behaviour (sexual)				
Inappropriate social behaviour (other)				
Substance/alcohol/drug abuse				

If you have answered YES to any of the above, please give more information e.g. main triggers for this behaviour:

For InterAct's risk assessment and reporting purposes, please also tick if any of these apply (we may seek further information):

- **Challenging behaviour associated with autistic spectrum (including Asperger's Syndrome) or learning difficulties**
- **Complex health needs, related to disability and life limiting conditions, or to cognitive or sensory impairment**
- **Moving/handling needs and/or need for special equipment/adaptations**

Please indicate the person's ability/awareness/understanding of the following (if known):

	Poor (x x)	Low (x)	OK (✓)	Good (✓✓)	Comments
Road safety awareness					
Ability to travel on public transport					
Awareness of other safety issues when travelling or in public places					
Awareness of risks from approaches from other individuals ('stranger danger')					
Awareness of other dangerous situations					
Ability to take responsibility for cash /valuables/personal items and information					

Please give details of any other potential concern regarding this person which has not been noted above (please continue overleaf, or on a separate sheet, if necessary)

Name of person completing this risk assessment		Signature	
Role/Relationship to person		Date	