

# REGISTRATION FORM



**CONFIDENTIAL**

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

*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:

I have attached a One Page Profile     Yes please, I would like some help completing a One Page Profile

| CONTACT DETAILS  |  |                          |                   |
|--|--|--------------------------|-------------------|
| Your name  |  | Gender                   |                   |
| How did you hear about InterAct?   |  | Date of birth            |                   |
| Your address   |  |                          | Attach photo here |
|  |  |                          |                   |
|  |  |                          |                   |
| Home phone no  |  | Your Mobile              |                   |
| Your Email address   |  |                          |                   |
| Parent/Carer Name  |  | Relationship             |                   |
| Parent/Carer Mobile  |  | Alternative Mobile (who) |                   |
| Parent/Carer Email address   |  |                          |                   |
| <b>Preferred method of contact:</b> 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:                   |                   |

| EMERGENCY CONTACT INFORMATION – preferably in addition to the numbers given above |  |              |  |
|---|--|--------------|--|
| Name  |  | Relationship |  |
| Phone No  |  | Mobile no    |  |
|   |  |              |  |
| Name  |  | Relationship |  |
| Phone No  |  | Mobile no    |  |

# REGISTRATION FORM

## SUMMARY OF NEEDS - *Please continue on a separate sheet if necessary*

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. (Further details are required in the Individual Risk Assessment)

Please give details of any moving/handling needs, personal care needs, need for special equipment/adaptations &/or any communication support needs (further details may be requested)

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, what it is for and how it is 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)

## CONSENT TO ACTIVITIES AND PHOTOGRAPHS

**If you are under 18 years old, please ask your Parent/Carer to complete this section for you. (Parent/Carer required to complete this section for adults lacking Mental Capacity)**

I am applying to take part in **InterAct's** activities and events.

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

Internal record-keeping: 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 ..... (if appropriate)

# REGISTRATION FORM

**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     |                   |
|               |             |             |                            |                        |                               |                             |                        |                        |                   |

**PRIORITY GROUPS, DISABILITIES AND OTHER NEEDS**

**Please tick ONE square box below** to tell us which one of the areas printed in large bold text, and numbered 1-4 is the where you have the **most** difficulty.

Please also tick the smaller circles in each section (*describing any needs/difficulties which apply to you*), to give us more detail:

**1. Cognition & Learning**

- Learning disability/difficulties - please indicate:  moderate  severe  complex
- Dyslexia
- ADHD

**2. Communication & Interaction**

- Autistic Spectrum Disorder (ASD)
- Asperger's Syndrome
- Speech, language and communication difficulties

**3. Social, Emotional, Behavioural & Mental Health**

- Social, emotional and behavioural difficulties
- Emotional/mental health needs

**4. Sensory and/or Physical Needs**

- Physical disability or difficulties with mobility
- Wheelchair user
- Visual impairment
- Hearing impairment
- Dyspraxia
- Medical/health needs
- Sensory issues (e.g. hypersensitivity to light, sound, touch or smell)

**Other needs/priority groups**

- Child on a Child Protection Plan
- Looked After Child / Child in Care
- Child with Child in Need Plan
- Young Carer (child/young person in a caring role)

## Data Protection

### **Data Protection Statement:**

The personal and sensitive 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.

**Please tick this box to show your agreement to this:**

InterAct complies with the Data Protection Act 1998.

### **What is personal and sensitive data?**

Personal data is data which can be used to identify you. This may include your name, school, date of birth, address, the name of a parent or carer, and their contact details. Sensitive data includes information related to racial or ethnic origin, and health.

### **Data Controller**

For the purposes of the Data Protection Act InterAct is the Data Controller.

A Data Controller is someone who is responsible for your data and who must make sure that your data is processed according to law. If you want to find out what information InterAct holds about you, or to correct some information please contact the Data Protection Officer at InterAct via [mail@interact.org.uk](mailto:mail@interact.org.uk)

### **Who will you share my personal and sensitive data with?**

We will only ever share your information with your permission, for the purposes we have stated (unless required to do so by law).

### **Withdrawing Consent**

You may withdraw permission for your data to be shared at any time by putting this request in writing to:

Young People Team, InterAct, Moulsham Mill, Parkway, Chelmsford, Essex CM2 7PX  
or emailing: [youngpeopleteam@interact.org.uk](mailto:youngpeopleteam@interact.org.uk)

Should you choose to withdraw consent this may result in InterAct being unable to provide the services you have requested, due to our inability to meet the requirements of our funders.

### **Data Retention**

Data will be retained in line with InterAct's Data Retention & Destruction Policy.

# INDIVIDUAL RISK ASSESSMENT

**NAME:** \_\_\_\_\_



**CONFIDENTIAL**

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

|   | Poor | Low | 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 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, and details of any strategies to be used and/or any behaviour management plan, or other support in place:

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      |  |

**REGISTRATION FORM**



**CONFIDENTIAL**

**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.

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

We will then update the information we hold.

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.

|   |
|---|
| <b>Responsibility to provide accurate and up-to-date information</b>  |
| <b>If you are under 18 years old, please ask your Parent/Carer to complete this section for you. (Parent/Carer required to complete this section for adults lacking Mental Capacity)</b>              |
| 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.

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

We will then update the information we hold.

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

### **Contact details:**

InterAct Young People's Services

**Address:**

InterAct  
Moulsham Mill  
Parkway  
Chelmsford  
Essex CM2 7PX

**Email:** [youngpeopleteam@interact.org.uk](mailto:youngpeopleteam@interact.org.uk)