



ceda

community, equality, disability action



youth services

Referral Information

Name of Young Person _____

creating opportunities with disabled people



Registered in England and Wales as Community, Equality, Disability Action limited by guarantee no. 4693500

Registered Charity no. 1096528 | www.cedaonline.org.uk



PRIVATE AND CONFIDENTIAL – To be completed by parent/guardian

Name of Young Person _____

Date of Birth _____

Address _____

_____ Postcode _____

Name of Parent/Guardian _____

Mobile Number _____ Alternative Contact Number _____

Email Address _____

Please Note: CEDA's main form of contact is through email. Therefore wherever possible we will contact you via phone or email. If this is going to be difficult please contact us to advise the best way to contact you.

How did you hear about CEDA?

How will you be funding your child attending CEDA? (please circle)

Direct Payments Social Services Funding Own finances Other

If other please state _____

Name of Relative / carer who will collect your child if you are unable to:

_____ or _____

Relationship to Child _____

Password we can ask for if anyone else comes to collect _____

Alternative Emergency Contact

Name _____ Relationship to Child _____

Address _____

Postcode _____ Contact Number _____

External Agencies

School Attended _____

Key contact _____

Would you like CEDA to attend school reviews about your child? _____

General Practitioner _____

Address _____

Telephone Number _____

Case Manager / Social Worker _____

Contact Number _____

Additional professionals working with the child _____

Section B – Individual Needs

Diagnosis / Disability: _____

Communication Needs							
	Can Communicate...			Can Understand...			Details
	A lot	Some	Very Little	A lot	Some	Very Little	
Verbal							
Signing							
PECs							
Other (please state) _____							

Behavioural Support Needs						
Possible Challenging Behaviours	Regularity			Possible Triggers	Approaches that help	
	Often	Few	Rarely			

Medical Needs		
Medication Required	Time of Administration	Measurement & Method

I give my consent for CEDA senior staff to administer this medication as required.

Signature

Name (PRINTED)

Date

Emergency Protocol Form

Please fill out as much information as possible and tell us exactly how you wish staff to proceed in an emergency situation

Personal Details

Name:

DOB:

Address:

GP Details

Next of Kin:

Home:

Mobile 1:

Mobile 2:

Diagnosis/Disability:

Regular Medications:

Emergency Situation/ Signs and Symptoms:

Emergency Medication / Treatment Required:

Protocol (Instructions/Information for Staff- How /When/What to do)

Service Manager

Parent/guardian

Date

Review Date:

CEDA Intimate Care / Medical Risk Assessment

Intimate care tasks are those associated with bodily functions, bodily products and personal hygiene which demand direct or indirect contact with, or exposure of, the sexual parts of the body. We employ a diverse range of team members and any trained team member may provide intimate care.

If the service user does not require any personal care then please continue on to next page.

Service User's Specific Intimate Care Needs	
No. of care staff required:	
Are there any considerations or preferences in providing intimate care?	
Stay in bathroom or wait outside whilst using facilities	

Personal Care Needs					
Activity	Amount of Support Required (please tick)				Details
	Full	Some	Very little	None	
Eating & drinking					
Removing clothes to use toilet					
Wiping, cleaning intimate areas					
Changing clothes after soiling					
Changing of Incontinence aids after soiling					
Help required with changing sanitary towels					
Vulnerability					
Please give details of how service users could be vulnerable					
Please give details of how care staff could be vulnerable					
Measures that need to be put in place to minimize risk to service user and staff					

Assessment completed by.....

Signed..... Date.....

WHAT DO YOU HOPE YOUR CHILD WILL GAIN FROM ATTENDING THE SERVICE?

WHAT ARE YOUR CHILD'S LIKES AND INTERESTS?

ARE THERE ANY THINGS THAT YOUR CHILD STRONGLY DISLIKES OR THAT MAY CAUSE ANXIETY?

PLEASE LIST BELOW ANY KNOWN ALLERGIES THAT YOUR CHILD HAS:

PLEASE WRITE BELOW ANY OTHER INFORMATION THAT WE WOULD NEED TO BE AWARE OF

HAS YOUR CHILD EVER DISPLAYED ANY SEXUALISED OR INAPPROPRIATE BEHAVIOURS INCLUDING ANY BEHAVIOUR THAT COULD BE A RISK TO THE CHILD OR OTHERS?

I am interested in:

After School Club **Saturday Club** **Holiday Club**

SIGNED _____

DATE _____

CEDA Consent Form

<p>I agree that my child may participate in any activity organised and supervised by CEDA</p> <p>Please state any exceptions below:</p> <p>_____</p>	Yes	No
I will provide suitable clothing and any out of pocket expenses for activities	Yes	No
I will provide any sun care protection for my child and agree to the care worker applying it	Yes	No
I consent for my child to go swimming	Yes	No
I will not send my child to the scheme if they are unwell, i.e. diarrhoea and vomiting, heavy cold, and any contagious illness.	Yes	No
I agree to my child being transported as appropriate	Yes	No
I agree for CEDA staff to administer medication to my child when requested	Yes	No
I agree for my child to administer their own medication	Yes	No
I agree for my child to receive any emergency medical treatment needed whilst at the service provision	Yes	No
<p>I give my permission for all aspects of personal care and any clinical procedures to be carried out, including specialist nursing care where appropriate</p> <p>Please state any exceptions below:</p> <p>_____</p>	Yes	No
<p>I agree for information about my child to be shared with other professionals as required. Where appropriate for the staff to visit other settings thus enabling us observe your child to gather information.</p>	Yes	No

Parent / Carer Signature: Date.....

The Service Provider has a duty to inform you about any accident, incident, injury or illness that occurs whilst your child is in their care. You will be contacted as soon as is appropriate.

Recording User Information

CEDA records and holds information about individual users in order to promote the best interests of that individual or family to whom it pertains, and where we are required to by regulatory authorities. All information held is purposeful and consideration is given to what needs to be recorded and why. All information is kept confidential and will not be shared with third parties without the prior consent of the individual. Please also refer to CEDA's Confidentiality Policy and Data Protection Policy.

The Service Provider has a duty of care to all children and staff. In order to keep your child and others safe, the service provider will contact you to collect your child early if it is appropriate due to illness, accident, incident or injury within the service provision.

Image / Footage Use Agreement

Please indicate with a tick your permission for where your Young Persons images or footage can be used:

	Yes I give my full consent	No I do not give my consent	Contact I would like to decide at the time.
In CEDA internally (around the building)			
In CEDA externally (in annual reports, funding applications, youth service booklets etc)			
On CEDA's social media (facebook, twitter etc)			
In promotional material done with companies working in conjunction with CEDA (eg: Exeter City FC)			
In local or national newspapers or television			

Subject to the terms and conditions of this agreement, the individual

(CEDA Client/Employee) grants to the user (CEDA) a license to use the Images/Footage.

1. By using the images/footage, CEDA agrees not to;
 - (a) Use the images/footage for solicitations, commercial aims or similar ones, excluding uses for educational purpose and public/and or promotional broadcast.
 - (b) Use the images/footages in a manner, which could be reasonably expected to offend the individual (including the conduct of libelous or unlawful, or that violates or infringes any trademark, copyright or similar rights of others.)
2. CEDA agrees to use the images/footage only for the purpose declared. CEDA is allowed to use the images/footages for different purpose only when the individual approves it.
3. CEDA agrees that the individual reserves the right to terminate this agreement at any time for violation of this agreement; this should be done in written format.
4. CEDA agrees to submit one copy of the edited/published material to the individual when it is complicated if the individual requests it.

I agree to the terms above and allow my Young Persons picture to be taken either with still camera or video camera and my image being used on promotional material and display purposes in the areas I have indicated on this agreement.

Name: _____

Signed: _____

CONSENT TO HOLD AND PROCESS DATA

CEDA is required to hold information regarding service users for as long as they attend CEDA plus seven years, or for children until they are 25 years old, and some information may be required to be held indefinitely. All information is held confidentially and will not be shared with third parties, unless you have expressly given permission for us to do so. All data is held in line with the Data Protection Act and the new General Data Protection Regulations, introduced in May 2018.

I, _____ service user/ parent/ guardian/ carer consent to the data provided being collected and held by CEDA.

I would / would not like to be contacted by CEDA regarding CEDA or other CEDA services.

I would / would not like to be contacted by email

I would / would not like to be contacted by telephone

I would / would not like to be contacted by post.

Signed Date

Point of Contact:

Nick Cranston

Address:

The Clare Milne Centre
Emperor Way
Exeter Business Park
EX1 3QS

Contact Number: 01392 813028

Email: nick.c@cedaonline.org.uk

