

Youth Services Referral Forms

CEDA's purpose is to empower disabled people so that they are connected, happy and seen.

The youth services work by supporting empowering and advocating for disabled young people to feel visible and valued.

Please fill in these forms and return them to bookings@cedaonline.org.uk if you wish for your young person to attend any of our clubs.

If you would like any support in completing these forms, we would be more than happy to arrange a meeting to provide this. Please get in touch through the email address above.

Young Person being referred:

Name: _____

Address: _____

Date of birth: _____

Referred by:

To be completed by main parent / guardian

Name:

Address:

Relationship to young person:

Email address:

Home phone number:

Mobile phone number:

Please note that CEDA's main form of communication is through email. If this is going to be a problem please advise us the best way to contact you:

How did you find out about CEDA?

Alternative Emergency Contact:

Who would you like us to contact in the event we are not able to get hold of the main contact?

Name:

Address:

Relationship to young person:

Email address:

Home phone number:

Mobile phone number:

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External Agencies:

School Attending: _____

Key Contact: _____

Email address: _____

General Practice name: _____

Address: _____

Contact number: _____

Case Worker / Social Worker Name: _____

Email address: _____

Contact number: _____

Are there any additional professionals working with your young person you would like to make us aware of?

Funding

How will you be funding your child's sessions at CEDA?

- Direct Payments
- Social Care Funding
- Own Finances
- Other

If other please state:

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Clubs

What club(s) are you interested in your young person attending?

- After School Club
- Saturday Club
- Holiday Club
- Daytime Support

Support Information

What is the young person's disability / diagnosis / area of need?

Communication Needs

How does your young person communicate with others?

How should others communicate with your young person?

What is your young person's level of understanding of spoken language?

Are there any tools or resources your child needs to communicate?

Health and Care Needs

Personal Care Needs	
Number of care staff required:	
Any considerations or preferences?	
Stay in the bathroom or wait outside?	

Aspects of Personal Care				
Activity	Support Required			Additional Details
	Full	Some	None	
Eating and drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prompting to use the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping and cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changing incontinence aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changing sanitary items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Medical Needs

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Is your young person allergic to anything? If so, what?

Is your young person intolerance to anything? If so, what?

Does your young person have any dietary preferences we should be aware of?

Does your young person take any medications? If so, what?

Would your young person need to take any medication whilst attending CEDA?

Does your young person have any other medical needs?

Does your young person have any emergency protocol in place? If so, please outline below.

Mobility Needs

Does your young person have any mobility needs? If so, what support do they need?

Does your young person have any manual handling needs? If so. What support do they need?

Behaviour Support Needs

Does your young person display any behaviour that challenges? Is so, please describe

What can trigger or dysregulate your young person?

What is the best approach to support your young person if they become dysregulated?

What does your young person find calming and/or regulating?

Safety Needs

Does your young person need support to stay safe?

Is your young person able to recognise risks to their safety such as moving vehicles, heights or hot surfaces?

What is the best approach support staff should take to safeguarding your child's safety?

How could your young person be vulnerable to others?

How could your young person put others at risk i.e. other young people or care staff?

Has your young person ever shown any unsafe sexualised behaviour? If so, please describe?

Does your young person have any transport safety needs? For example, a booster seat or harness etc.

Social Needs

Does your young person need support to socialise with others?

In what ways can we support your young person to socialise with others?

More about them

How does your young person like to spend their time?

Who is important in your young person's life?

What does your young person dislike?

What activities does your young person enjoy?

What do you hope your young person will gain from attending CEDA?

Consent Form

I agree that my young person may participate in activities organised and supervised by CEDA Please state any exceptions below: _____	Yes	No
I will provide suitable clothing for my young person and a spare set of clothes for accidents or emergencies	Yes	No
I will provide sun care protection for my young person and agree to CEDA staff to apply it	Yes	No
I consent to my young person going swimming	Yes	No
I will not send my young person to CEDA if they are unwell i.e., diarrhoea, vomiting, heavy cold or any other contagious illness	Yes	No
I consent to my young person being transported by CEDA	Yes	No
I agree for trained CEDA staff to administer medication to my young person should it be required	Yes	No
I agree for my young person to administer their own medication while at CEDA	Yes	No
I agree for my young person to receive first aid from trained CEDA staff whilst at CEDA should it be required	Yes	No
I agree for my young person to receive emergency medical treatment whilst at CEDA should it be required	Yes	No
I give permission for all aspects of personal care to be carried out according to their care plan by CEDA staff whilst at CEDA Please state any exceptions below: _____	Yes	No
I agree for CEDA to collect information about my young person from other professionals and agencies	Yes	No
I agree for CEDA to share information about my young person with other professional and agencies	Yes	No
Parent / Carer Signature: _____ Date: _____		
<p>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</p>		

Images/Footage and Social Media Agreement

Name of Supported Person or Young Person:

Name of person giving consent (if different from above):

We love recording all the great stuff the people we support get up to. Sharing this helps to celebrate what we do and can be an important part of representing our organisation, but we will only do this with your consent. We would love to share;

- Images and videos – Only EVER those that show the person in a positive light
- First Name – we will never post any more details than this
- Stories about them or quotes from them – again only ever those that show the person in a positive light

I give permission for CEDA to use the following in relation the person named above:

Please tick all those that apply, leaving a section blank will indicate no consent given;

	CEDA’s Social Media platforms and Website	CEDA’s Printed/digital publications e.g. leaflets, annual report, newsletter	Internal use e.g display around the CEDA buildings, internal communication systems	In local or national media including newspapers, magazines or television
Images of the person				
Videos of the person				
Audio (e.g. voice recording)				
Story or quote about or from the person				

Now turn over to read the full agreement and sign to confirm your consent

By using the Images/Footage, CEDA agrees not to;

1. Use the Images/Footage for solicitations, commercial aims or similar ones, excluding uses for educational purpose and public/ and or promotional broadcast.
2. Use the Images/Footage in a manner, which could be reasonably expected to offend the individual (including the conduct that is libellous or unlawful, or that violates or infringes any trademark, copyright or similar rights of others.)
3. CEDA agrees to use the Images/Footage only for the purpose declared. CEDA is allowed to use the Images/Footage for different purpose only when the individual is informed and approves it.
4. Consent can be withdrawn at any time. You can email info@cedaonline.org.uk if you change your mind. Note: this will not apply to material already published. CEDA cannot control already published material or recall them.

I agree to the terms above and allow my picture to be taken either with stills camera or video camera and my image being used for the purposes I have indicated on this agreement.

I confirm that I understand that my image can be used as outlined and consent to this processing of my sensitive personal data.

Name of Supported Person/ Young Person:

Name of person giving consent (if different from above):

Signed: _____

Date: _____

OFFICE USE

Received by: _____ Uploaded to Carista & file by: _____ Date: _____

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