

Whitgift Special Needs Activity Project
Whitgift School, Haling Park, South Croydon, Surrey, CR2 6YT
Tel: 0208 633 9946 Email: admin@whitgiftsnap.org.uk
www.whitgiftsnap.org.uk Registered Charity number 1056828



Whitgift SNAP is a Special Needs Activity Project based at Whitgift School, South Croydon. It provides summer play schemes to disabled children and young people who are resident in the London Borough of Croydon and who are aged between the ages of 5 and 25.

Two schemes are proposed for summer 2012.

The **Crocodile** Scheme is for young people aged between **5 and 18 years** old at the time of the scheme.

The **Alligator** Scheme is for young people between **18 and 25 years** old at the time of the scheme.

Young people are invited to attend the scheme either

Week 1 – Monday 30th July – Friday 3rd August 2012

OR

Week 2 – Monday 6th August – Friday 10th August 2012

If you wish to apply for a place for your young person please complete the attached application form and return it by **Friday 2nd March 2012**, to

Whitgift SNAP Applications

Whitgift School

Haling Park

South Croydon

CR2 6YT

If you need help filling in the form please call us on 020 8633 9946 or contact us by email admin@whitgiftsnap.org.uk

Application Form for Attendance at Whitgift SNAP Summer 2012

Name of Young Person _____

This application is for (please tick one)...

- Crocodile Scheme**
Play-scheme for children and young people age 5 - 18
- Alligator Scheme**
Youth Club for young people age 18 - 25

NB Age should be the age of the young person when they attend the Project

This application is for (please tick one)...

- Week 1 – Monday 30th July – Friday 3rd August**
- Week 2 – Monday 6th August – Friday 10th August**
- Either Week 1 or Week 2 as available**

Transport to and from the scheme **will / will not** be required (please delete as appropriate)

If transport is required

Does the applicant travel on a local authority bus to and from school? **Yes / No**
Does the applicant travel in a wheelchair? **Yes / No**

Address for collection/drop off

Post code: _____

If transport is not required, please give details of the person who will be collecting the applicant during the scheme at the end of each day. Please be advised that we may ask for photographic ID.

Name: _____

Relationship to Young Person _____

Phone: Day: _____ Mobile: _____

Financial contribution

Provisional fees for 2012: £9 a day without transport (£45 per week) or £12 a day with transport (£60 a week) plus any additional voluntary contribution. We will ask for contributions to be sent once the places on the schemes have been allocated.

Contact Details

Young Person

Surname: _____ Forename: _____

Address: _____

_____ Post Code: _____

Date of birth: ____/____/____

Male / Female

Parent / Guardian

Surname: _____ Forename: _____

Address: _____

_____ Post Code: _____

Email address: _____

Phone: Day _____ Eve _____ Mobile _____

Are you a single parent? **Yes / No**

In your household, do you have more than one disabled person? **Yes / No**

If the person filling out this form is NOT the parent/guardian of the above named young person, please complete this section

Surname: _____ Forename: _____

Address: _____

_____ Post Code: _____

Relationship to Young Person/Position held: _____

Email address: _____

Phone: Day _____ Eve _____ Mobile _____

Emergency Contact The first emergency contact **must be the applicant's next of kin.**

NB: WE NEED TWO DIFFERENT CONTACTS & THEIR TELEPHONE NUMBERS

1. Surname: _____ Forename: _____

Relationship: _____

Phone: Day _____ Mobile _____

2. Surname: _____ Forename: _____

Relationship: _____

Phone: Day _____ Mobile _____

Details of Young Person

The safety of all young people, volunteers and staff is of great importance and we routinely carry out risk assessments on all applicants. In order that we may carry out as full and accurate a risk assessment as possible, please provide as much information as you can in this section.

Name of Young Person _____

Has the young person attended SNAP before? **Yes / No**

If so, when? (Please circle) **Easter 2009, 2010, 2011**

Summer 2005, 2006, 2007, 2008, 2009, 2010, 2011

Is this young person in full time / part time / not in education? _____

If yes, please give us the name of the school/college. _____

If no, please explain why _____

Is the applicant a wheelchair user? **Yes / No**

Does the applicant use any other mobility aids? **Yes / No**

If yes, please specify _____

In your opinion would this young person enjoy & cope with 5 full days of Whitgift SNAP or is a reduced programme preferable? If reduced please specify. _____

In your opinion would this young person have any preference for a male or female volunteer?

Male / Female / No preference

Challenging Behaviour

Has the young person ever displayed challenging behaviour? **Yes / No**

If yes, please use the following list to indicate the behaviours exhibited (please tick all as appropriate)

Scratching		Kicking	
Slapping		Headlocks	
Pinching		Attempted strangles	
Punching		Self harm	
Spitting		Sexualised language	
Grabbing clothes		Sexualised behaviour	
Grabbing people		Swearing	
No sense of danger		Physical aggression	
Running away / hiding		Verbal aggression	

Ignoring instructions		Throwing things	
Refusing to move		Smearing bodily fluids	
Ignoring / shutting down		Becoming distressed	
Hair pulling		Eating non-food items	
Biting			

Any other challenging behaviour (please give details)

What could trigger the above behaviours?

What strategies are effective in managing these behaviours?

What immediate responses could be used to manage these behaviours?

Are there any things/systems that are particularly effective in managing your young person's behaviour and routine? Eg reward charts, stickers, favourite activities (if practical), communication books, use of social stories for the day's routine?

Who is the challenging behaviour likely to be directed towards?

Self		General public	
Other young people		Random	
Staff/volunteers			

Are there any warning signs/identifiable changes in behaviour that may occur immediately prior to episode of challenging behaviour?

Any recommendations for supervision ie 1 or 2 people, preferably male or female? (If numbers of staff/volunteers are available).

When is challenging behaviour likely to occur?

On arrival		When hungry	
Going home		When they need changing	
On transport		Other	

Please add any further information you feel would be helpful in our Project planning, with regards to the applicant and /or staff caring for them.

Please Note

Insufficient or incorrect information on any paperwork, may lead to the young person being unable to attend/being asked to leave the Project.

It will be at the discretion of the Scheme Officer, Care Coordinator and Project Coordinator whether the young person is suitable to remain on site for the full week. A decision will be made at the end of each day on the Project.

Personality Profile

NB: The following 2 pages will be given to the volunteer(s) working with the applicant. Please answer as clearly and fully as possible. If necessary, please use a separate sheet to give any further information you feel may be helpful to someone getting to know the applicant.

PLEASE ANSWER ALL QUESTIONS

Name of Young Person _____

Any alternative preferred name: _____

Date of birth: ____/____/____

Male/Female

Diagnosed Austistic Spectrum Disorder: Yes/No Details of ASD: _____

Other Disability/Diagnosed Condition _____

Which of the following adjectives best describe the young person? Please circle all appropriate

FRIENDLY	TALKATIVE	QUIET	NERVOUS	HAPPY/CHEERFUL
WITHDRAWN	DEMANDING	ACTIVE	LIVELY	EASILY DISTRESSED
EXTROVERTED	STUBBORN	EXCITABLE	EASY-GOING	OBSESSIVE

Other: _____

Which types of activities would most appeal to the young person? Please circle all appropriate

ART & CRAFT	DRAMA	SPORTS	SWIMMING	MUSIC
OUTINGS	OUTDOORS	ANIMALS	DISCO	QUIET TIME

Other: _____

Is there any activity the young person particularly **dislikes**? _____

What would comfort the young person when distressed? _____

Can the young person swim? **Yes/No** If yes, how far? _____ m

Would the young person enjoy swimming and are you happy for them to go swimming? **Yes / No**

Please specify if armbands/other equipment is needed _____

Is the young person used to:

MEETING STRANGERS **Yes/No** BEING OUTDOORS **Yes/No**

PLAYING WITH OTHERS **Yes/No** ATTENDING PLAYSCHMES **Yes/No**

Does the young person:
DISPLAY CHALLENGING BEHAVIOUR **Yes/No** LIKE NOISE **Yes/No**

Does the young person need help eating/drinking? **Yes/No**

If help is needed please give details: _____

Are there any foods/drinks that should be avoided? _____

Does your young person have any allergies to food/other? _____

Is the young person totally self-sufficient in recognising when he/she needs to go to the toilet and in looking after his/her own needs? **Yes/No**

If no, please give details: _____

How will the young person indicate if he/she is hungry/thirsty, unwell or needs the toilet?

Does the young person use:

pads?	Yes/No
a hoist for toileting?	Yes/No
a wheelchair/major buggy?	Yes/No
glasses/contact lenses/hearing aids?	Yes/No
sign language/communication aids?	Yes/No
if yes, which language/method? _____	

Does the young person:

get tired easily?	Yes/No
use their hands fully?	Yes/No
dress and undress independently?	Yes/No
communicate through speech without difficulty?	Yes/No
mobilise independently?	Yes/No

if no, give details of mobility aids used _____

Please add any further information you feel may be helpful to someone getting to know the young person.

Referee

Please complete the section below, giving the name and address of a person we can contact for further information in order to enable full risk assessments to be carried out to comply with health & safety policies. Failure to complete this could delay the allocation of a place on the scheme.

This referee should be the **YOUNG PERSON'S SCHOOL TEACHER OR SOCIAL WORKER** and must **NOT** be a member of your family/friend/neighbour.

Name of Young Person _____

Name of referee: _____

Job title of the referee: _____

Address of referee: _____

_____ Post Code: _____

Contact Telephone Number of Referee: _____

Email Address of referee: _____

I hereby authorise the person named above to provide information as requested on this form in respect of my young person to Whitgift SNAP for the purposes of the 2012 summer play-scheme.

I understand that this information is for the sole use of Whitgift SNAP trustees and senior staff in preparation of a risk assessment and care plan for my young person and that information provided will not be disclosed to third parties without the written consent of myself and the person named. This excludes the need to refer information to safeguard children and young people from child abuse and harm as per the Whitgift SNAP Safeguarding Children Policy.

The young person's parent/guardian must complete & sign this section.

Signed: _____ Dated: _____

Full Name (please print): _____

Declaration

The applicant's parent/guardian must sign this section. Please read carefully and delete appropriate areas as applicable.

Name of Young Person _____

Medication:

I understand that if my young person needs to take medication during the SNAP scheme, I will need to give detailed consent for it to be given. Any medication must be correctly labeled with a prescription label. Whitgift SNAP will send me a form to complete if this application is successful; the form may need to be counter-signed by my young person's GP/Consultant.

Photography:

Photographs of young people are sometimes used, for example, on the SNAP website, in local papers, promotional leaflets, talks, exhibitions or the SNAP Annual Report.

I give / do not give consent for my young person to be photographed and filmed on the SNAP scheme. I may withdraw consent at any time.

Activities/Outings:

I understand that Whitgift SNAP will be offering a wide range of suitable sporting and leisure activities on the summer scheme.

I give / do not give consent for my young person to participate in all activities onsite

I give / do not give consent for my young person to participate on outings

Whitgift SNAP will send me details of the proposed activity timetable if this application is successful. I may withdraw my consent at any time.

I have read and understood the information laid out in the application form and agree to my young person participating in the Whitgift SNAP summer scheme. I declare that the application has been completed truthfully and in full.

Signed: _____ **Date:** _____

Full Name: _____

Ethnic Monitoring

Whitgift SNAP is an organisation that values diversity and prides itself on its commitment to prevent discrimination or other unfair treatment against any of its staff, potential staff, volunteers or users of its services.

Please take a few minutes to fill out the attached Equal Opportunities Monitoring form below and return it, with your application form. In line with Data Protection guidelines, the form is anonymous and will be separated from the application upon receipt. Once separated, it will not be possible to link the information provided in any way to the application form. The form will not be made available to any member of the selection panel at any stage of the application process.

The information we collect from you will be for monitoring purposes only. Monitoring this information is more than just collecting data. This data will enable us to determine how well our Equal Opportunities Policy processes and practices are working and may be used as a tool for change. Equal opportunities monitoring is also widely regarded as good practice.

Once the information has been compiled, the form will then be destroyed in accordance with the Data Protection Act with 6 months of receipt. However, please be reassured that you are not obliged to fill in this monitoring form and non-completion will not affect your application.

A copy of our Equal Opportunities Policy can be downloaded from our website at www.whitgiftsnap.org.uk and a hard copy is available from us on request.

I, the applicant, would describe my ethnic origin as follows (please tick one box)

WHITE	TICK BOX	MIXED	TICK BOX
British		White & Black Caribbean	
Irish		White & Black African	
Any other White background		White & Asian	
		Any other Mixed background	
ASIAN OR ASIAN BRITISH			
Indian		BLACK OR BLACK BRITISH	
Pakistani		Caribbean	
Bangladeshi		African	
Any other Asian background		Any other Black background	
OTHER ETHNIC GROUPS			
Chinese			
Any other Ethnic group			

All information given will remain strictly confidential and will not be given to any third party.