Information and Consent Pack

Clubs

Club name:

Young Persons name:

**Introduction**

Thank you for choosing Circles Network, we are delighted that your young person would like to join us. It is important to us that they will be in a safe, supportive and enjoyable environment when they access our clubs and youth groups.

In order for us to best support your young person we require some information. In the interests of safety and to meet our contractual and legal obligations we will not be able to provide the service until we have this information. We will use the information you provide to inform our decision on whether the service is able to meet their needs. Please be aware the level of support we are able to offer varies between clubs and locations.

* **It is essential that you complete the attached paperwork including any additional documents requested accurately and in as much detail as possible.**
* **It is important and your responsibility to inform us immediately of any changes to the information provided.**
* **Within the first three months Circles Network may hold a review with you to discuss how your young person is settling in and whether the service is meeting their needs.**

**If you require support completing this form we will be happy to help you.** Please speak to a member of staff who will be able to advise you. All requests will be treated with respect and discretion.

**By completing this form on behalf of the young person** you assume responsibility for providing the correct information. We may require your ongoing support with communication and keeping our records up-to-date.

**Data Protection**

All information provided within this form is treated as confidential to the organisation, Circles Network. We will keep and transfer this information safely and records will not be made available to unauthorised persons intentionally or accidentally. No information about the person will be passed on to external agencies or individuals without prior consent unless there is judged to be an element of danger or personal safety involved. People have a right to access the information we hold about them. A full copy of our data protection policy is available upon request and further information about data protaction is explained at the end of this form.

**Insurance**

Circles Network is fully insured to offer the programme of activities on offer. Details of our insurance cover are available on request.

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| **Personal Details – Young Person** |
| Title  | Mr / Mrs / Miss / Ms / Dr / Other – please specify: |
| Full Name |  |
| Like to be called |  |
| Date of Birth |  |
| Address  |  |
|  |  |
|  |  |
| Postcode |  | **X** |
| Home Number |  | Preferred method of contact |  |
| Mobile Number |  |  |
| Email Address |  |  |

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| **Next of Kin Details** |
| Title  | Mr / Mrs / Miss / Ms / Dr / Other – please specify: |
| Full Name |  |
| Relationship |  |
| Address  |  |
|  |  |
| Postcode |  |
| Home Number |  |
| Mobile Number |  |
| Email Address |  |

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| **Emergency Contact Details** - *Please include someone who speaks English if this is not your first language. Emergency contacts must be contactable during club hours* |
| **Same as Next of Kin?** | Yes | No – Complete Below |
| Full Name |  |
| Relationship |  |
| Phone Number |  |
| Mobile Number |  |
| Email Address |  |

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| **How will you travel to and from the Circles Network Club?** | **X** |
| My young person will travel independently without support |  |
| My young person will be dropped off and collected from the centre |  |
| **Usual method of transport?**  |
| Walk  |  | Car |  | Lift from friend or relative |  | Train |  |
| Cycle |  | Bus - public |  | Bus – contracted |  | Taxi |  |
| *If you get a lift, taxi or use contracted transport please let us know the name of the person or the company and their contact number:* |
| ***My young person will require Circles Network to provide their transport - Separate risk assessment required.*** |

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| **Permission to Collect** - *you may name two additional people authorised to collect your young person. Please provide details below.* |
| **Name:** | **Relationship:** |
| **Name:** | **Relationship:** |

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| **Password** *- In the interest of safety we require a password to be given before your young person will be released into the care of the person collecting them. Please give your chosen password and make a note for your record.* |
| **Password:** |

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| **Disability**  – my young person has  | **X** |
| A learning disability  |  |
| A physical disability |  |
| Sensory impairment(s) |  |
| Multiple disabilities |  |
| Mental health challenges  |  |
| Physical health challenges |  |
| No disabilities |  |
| Other – please tell us below |  |
| ***Please provide as much detail as possible including names of diagnosed conditions*** |

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| **Communication** – does your young person have difficulties with the following | **X** |
| Speech |  |
| Hearing |  |
| Sight |  |
| Other sensory difficulty - please tell us below |  |
| ***Please provide as much detail as possible including methods of communication and any aids used e.g. symbols, signing, gesture, behaviour patterns*** |

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| **Mobility** – my young person | **X** |
| Has no problems with standing and mobility  |  |
| Can stand and walk with some restriction |  |
| Can stand and walk with support from another person or equipment  |  |
| Uses a wheelchair  |  |
| Is unable to stand/walk and requires hoisting  |  |
| Other – please tell us below |  |
| ***Please provide as much detail as possible including level of need and any equipment they use. We may require you to complete additional care and safe transfer protocols.*** |

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| **Behavioural Needs** |
| Would you describe your young person’s behaviour as challenging to others?  |  |  |
| **If Yes** please provide details and management strategies below | Yes | No |
| ***Please provide as much detail as possible. Continue on a separate sheet if required.*** |  |  |

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| **Does your young person have a Behaviour Management Plan in place**  |  |  |
| **at school?** | Yes | No |
| If **Yes** do we have your permission to approach the school for a copy? | Yes | No |

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| **School Details** |
| School Name |  |
| Address  |  |
|  |  |
|  |  |
| Postcode |  |
| Phone Number |  |
| Email Address |  |

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| **Personal Support** – does your young person need support with personal care | **X** |
| Completely independent  |  |
| Needs reminding |  |
| Can have an accident and may need help if this happens |  |
| Independent but needs supervising  |  |
| Continent but requires assistance  |  |
| Is incontinent and requires full support with all aspects of personal care |  |
| ***Please provide as much detail as possible including level of need, frequency, times etc. Please note parents are required to supply pads, wipes and changes of clothing for their young person. Where we provide this service we will require you to complete an additional personal care support plan. If a your child/young person requires the use of a hoist and changing table they will need to bring their own sling to the club and the process of moving and handing will be risk assessed.*** |

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| **Medication** – please tell us about regular medication used by your young person | **X** |
| They do not take any regular medication |  |
| They take regular medication with or without support |  |
| They may require emergency medication  |  |
| They suffers from seizures including epilepsy requiring medication |  |
| They will require medication whilst supported at Circles Network  |  |
| They are allergic to some forms of medication |  |
| Other – please tell us below |  |
| ***If your young person takes regular medication or may need specific emergency medication please provide as much detail as possible. Where emergency medication or regular medication is required to be administered by Circles Network staff will will need to complete a risk assessment and a medicine administration record chart.*** |

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| **Allergies** – please tell us about anything your young person is allergic to | **X** |
| They have no allergies  |  |
| They have suffered allergic reactions in the past |  |
| They have suffered a severe allergic reaction/anaphylactic shock in the past  |  |
| They carry an EpiPen  |  |
| They are allergic/intolerant to certain foods |  |
| Other – please tell us below |  |
| ***Please provide as much detail as possible including the risk, relevant history and severity. We may require you to complete additional consents, care plans and protocols.***  |

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| **Meal Time Support** – my young person  | **X** |
| Is completely independent  |  |
| Is independent but needs supervising |  |
| Is at high risk from choking and swallowing whilst eating  |  |
| Is allergic/intolerant to certain foods and eat a restricted diet |  |
| Requires 1:1 support/feeding support at meal times  |  |
| Is fed using specialist equipment  |  |
| Other – please tell us below |  |
| ***Please provide as much detail as possible including level of need and any equipment they use. Where we provide this support we may require you to complete an additional support plans. If your young person requires PEG tub feeding whilst in our care will will need to carry out a risk assessment and an additional support plan.*** |

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| **Food Restrictions** - Refreshments may be provided during the session. These could include rice cakes, biscuits, fruit, juice, water, milk, tea and coffee. Do you agree to your young person eating and drinking |  |  |
| these items? | Yes | No |
| ***Please specify any restrictions:*** |

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| **Additional Health and Safety** **information**– does your young person: |
| Have a tendency to wander or run away from the group | Yes | No |
| Risk choking by placing objects in their mouth/up their nose | Yes | No |
| Remove their seatbelt when travelling | Yes | No |
| Display any behaviour that puts them at risk of injury | Yes | No |
| Display behaviour that puts others at risk of injury | Yes | No |
| Have any phobias | Yes | No |
| Suffer from dizziness or fainting | Yes | No |
| Suffer from heart or breathing difficulties | Yes | No |
| Get anxious and confused in certain situations | Yes | No |
| Other – please tell us below | Yes | No |
| ***Please provide as much detail as possible including any management strategies. Continue on a separate sheet if required.*** |

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| **Fire Evacuation** – will your young person need assistance in event of a fire? | **X** |
| They would follow staff instructions and not require special assistance |  |
| They might require assistance from someone to make a safe exit |  |
| They would require the use of specialist equipment make a safe exit |  |
| ***Please provide as much detail as possible. If your young person would require additional assistance Circles Network will complete a Personal Emergency Evacuation Plan.*** |

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| **Activities** – please tell us about the activities your young person enjoys |
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| **Anything else we should know?** |
| *If there is any further information that you feel will help Circles Network staff to better understanding and meet your needs of your young person please give details below:* |

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| **How did you hear about Circles Network?** (**X**) |
| TV Ad  |  | Radio |  | Newspaper/ Magazine |  | Flyer |  |
| Social Worker/ Care Manager |  | Local Council |  | Friend/Family |  | Other |  |

**Useful contacts for you:**

The Hub

Unit 33, Aston Business Park, Shrewsbury Avenue, Woodston, Peterborough, PE2 7BF. 01733 234828 info.east@circlesnetwork.org.uk

**Caroline Hunte, Regional Manager:**

07920561616 caroline.hunte@circlesnetwork.org.uk

**Venetia Tomlinson, Project Manager Youth Groups:**

07469919075 venetia.tomlinson@circlesnetwork.org.uk

**Justine Langman, Project Manager Youth Groups:**

07471 022479 justine.langman@circlesnetwork.org.uk

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| **Your Permission**– I agree: |
| Trained Circles Network staff can administer first aid. | Yes | No |
| Trained Circles Network staff can administer agreed medication. | Yes | No |
| Relevant medical information can be passed to emergency services. |  |  |
|  | Yes | No |
| Circles Network can contact you via email |  |  |
|  | Yes | No |
| Circles Network can contact you by text message | Yes | No |
| Circles Network can contact you by phone call | Yes | No |
| Circles Network can contact you by post | Yes | No |
| Circles Network can provide transport for my young person during club times | Yes | No |
| Circles Network can use a belt lock when transporting my child if required | Yes | No |
| Circles Network can use a five point harness when transporting my child if required | Yes | No |

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| **Your Permission**– I agree Circles Network can share my photos and or film: |
| On websites or on social media | Yes | No |
| In publicity material, such as leaflets | Yes | No |
| In the media, such as newspapers or magazine | Yes | No |
| To help us with fundraising | Yes | No |
| To share internally with Circles Network staff | Yes | No |

**By signing this document you are giving Circles Network permission to share your photo and or film in the manner you have selected and confirm that the information you have provided is correct. You understand that this information maybe shared outside Circles Network in line with the permission section of this form.**

**You can withdraw or change your photo and film permissions at anytime by contacting 01733 234828 or by emailing info@circlesnetwork.org.uk**

**You agree that the information on this record may be kept on a database under the provsions of the General Data Protection Review May 2018 (GDPR) and will be stored for up to five years.**

**\*Please read the privacy notice on the next page**

|  |  |
| --- | --- |
| **Your Name:** |  |
| **On Behalf of (if applicable):** |  |
| **Signature:**  |  |
| **Date:** |  |

**Circles Network Privacy Notice**

At Circles Network we make every effort to comply with our obligations under the EU General Data Protection Regulations. We are committed to keeping the trust and confidence of everyone that comes into contact with us.

You have a legal right to be informed about how Circles Network uses any personal information that we hold about you.

This privacy notice explains how we collect, store and use personal data about you.

**Personal and sensitive information we hold about you**

Circles Network hold information about you to so that we can keep you safe when you are in our care and to make sure that you receive timely information from us to provide you with the best possible services. For the same reasons we sometimes get information about you from other places like school, college and the local authority.

Personal information is in formation that may be used to identify you such as:

* Your name
* Your address
* Your telephone number
* Your email address
* Emergency contact details
* Consent to use your photos and stories of success

Sensitive information is information that tells us more about you like:

* Your ethnicity
* Details or your physical and/or mental health
* Criminal convictions
* Medication records
* Other professionals involved with your care

Why we use this information

* To get in touch with you or your parents/carers when appropriate
* To look after your wellbeing and safety
* To respond in your best interests in times of an emergency
* To provide the services you have asked for and to make sure these are efficient and safe

**Collecting information**

We will ask you what information we need to collect about you. There are some occasions when you can choose whether or not to provide information.

We will tell you if it's optional. If you must provide the information we will explain what might happen if you don't.

**How we store your information**

We will keep personal information about you for the period of time that you are supported or cared for by us on any of our projects or services.

When you leave any of our projects or services we will keep your information for up to five years and after that time we will dispose of it.

The data protection officer at Circles Network is responsible for ensuring that staff at Circles Network is storing your information safely as required by law.

The ways we store information at Circles Network are:

* On a password encrypted computer
* On a password encysted mobile phone
* In locked filing cabinets

**Sharing your information**

We will not share information about you without your permission. However there are some exceptions to this. The people we may need to share information about you with are:

* The Care Quality commission (if we support you under a regulated activity i.e. Persona care)
* The local authority (if they fund you)
* The local authority (if we have a safeguarding concern about you)

**Your rights**

You can find out if we hold personal information about you by making a subject access request. If you make a request we will:

* Give you a description of it
* Tell you why we are holding and using it and how long we are keeping it for
* Tell you who it has been shared with
* Give you a copy of the information

If you wish to make a subject access request you must contact the data protection officer.

You also have the right to:

* Say you don’t want your information to be used if it causing or could cause harm or distress
* Stop your information being used for marketing materials
* Have it corrected, deleted or destroyed if it is wrong

**Declaration**

Name: I declare that I understand:

* Circles Network has a legal and legitimate reason to collect and process my personal information.
* How my information will be used
* That Circles Network may share my information with the Care Quality Commission.
* Circles Network may share my information if there is a legitimate concern for my safety with the Local Authority and the Care Quality Commission
* Circles Network mat share information with the Local Authority if they fund me
* My information is retained in line with Circles Network General Data Protection Policy
* My rights to the processing of my personal information
* Where I can find out more information about the processing of my personal information

Name:

Signature:

Parent/Carer name:

Signature:

Date:

Circles Network Region: