



Space4Autism, The Space Centre, 15-17 Mill Lane, Macclesfield, Cheshire, SK11 7NN

www.space4autism.com

Info.space@hotmail.com

SPACE4AUTISM Club Registration Form

sponsored with grants from



Space for Kids, The Saturday Club, Fun Friday and Space for You are tailor made Social Clubs for children and young people aged between 5-18yrs who are on the Autistic Spectrum.

As well as being a time to socialise in a safe environment, the clubs incorporate a programme of activities designed to help your child or young person to become more independent.

It also aims to provide a short period of respite for carers.

Our activities provide loads of fun whilst also teaching your children and young people key skills, such as team work, social skills and independence.

SPACE4AUTISM'S mission is to run clubs specifically to enhance the lives of children and young people on the Autistic Spectrum. All our clubs are run by trained professionals who all carry enhanced DBS checks.

SPACE4AUTISM aims to offer a safe environment within which your children and young people can forge long and lasting friendships whilst developing those skills others gain naturally.

Our unique clubs include the following activities

| | | |
|-----------------------|-----------------------|-------------------|
| Cooking | Xbox games | Photography |
| Tuck shop | Board games & sharing | Team work |
| Chilling out | Arts and craft | Table tennis/Pool |
| Whiteboard activities | Air hockey | Jewellery making |
| Computer club | Sensory Skills | Music Activities |

We also go out on social activities so the list is endless and we make sure we have activities to suit all members

Please complete the attached Club Registration Form to register interest in your child or young person to attend our exciting clubs - **we will also need to have a copy of either your assessment or diagnosis of Autistic Spectrum Conditions, you will not have access to the clubs until we have seen this (this will be shredded once seen, also, we cannot accept children into the clubs who only have a diagnosis of ADHD)**

Please note there is a minimum cost of £5.00 pp for each session they attend. To be paid on entry

SPACE4AUTISM cannot not accept anyone into the clubs before receiving and reviewing the completed registration form.

Send your completed forms via email to clubs@space4autism.org or post to:-

SPACE4AUTISM

Information about Space4Autism Club Member

Members First Name(s) Members Surname Date of Birth Gender
M F

Members Preferred Name

Members Home Number

Members Full Home Address

Post Code

Ethnicity

Religion

Language(s) spoken

Referred to Space4Autism by

Parent's/Guardian's First Name

Parent's/Guardian's First Name

Parent's/Guardian's Surname

Parent's/Guardian's Surname

Relationship to member

Relationship to member

Home Phone

Mobile Phone

Home Phone

Mobile Phone

Address

Address

Post Code

Post Code

Email

Email

Authorised to pick up Y N

Authorised to pick up Y N

Password for collection of member when main parent/guardian above not in attendance)

Alternative Emergency Contacts

(only used in an emergency when attending club and parent/guardian cannot be contacted)

Primary Alternative Emergency Contact Full Name

Secondary Alternative Emergency Contact Full Name

Home Phone

Mobile Phone

Home Phone

Mobile Phone

Authorised to pick up Y N

Authorised to pick up Y N

GP Information

GP Name

GP Address and Post Code

GP Phone Number

Medical Information

Members Formal Diagnosis (or what are currently being formally assessed for) e.g. ASC, Aspergers (Please send evidence of this along with this form, we are unable to send a booking form till we have received this)

Does the he/she have any of the following:

Asthma Y N

Visual Impairment Y N

Diabetic Y N

(if you answer Y we will send you an Asthma consent form)

Epileptic Y N

Hearing Impairment Y N

Hyper/Hypo-activity Y N

Motor Co-ordination Problems Y N

Method of Communication:

Verbal

PECs (Picture Exchange Communication)

Podd Book (Pragmatic Organisation Dynamic Display)

BSL (British Sign Language) Makaton

Other (Please define)

Behavioural Issues. Please describe triggers, what behaviour is displayed and how you calm them down.

Learning Disability (if relevant). Please describe the nature of the disability, if options given above are not applicable.

Does he/she have any **DIAGNOSED** allergies? Y N

Does he/she have any allergies **UN-DIAGNOSED** Y N

If Yes, please provide details and what medication is provided

Is he/she accessing psychological and behavioural support? Y N

If Yes, please provide details

Is he/she currently in school? Y/N

if Yes which school?

Is he/she on any of the following plans:- (circle as appropriate)

Care Plan for Cared for Children

Child in Need Plan

CAF Plan

Child Protection Plan

no plan

Y/N

Y/N

Y/N

Y/N

Y

Is he/she taking any MEDICATION Y N

If Yes, list all CURRENT prescribed Medications (Names in FULL and BLOCK CAPITALS), dosage and times given (please note that Space4Autism staff DO NOT administer medication)

Please list any self administered prescribed Medications (e.g. inhalers) (please note that Space4Autism staff DO NOT administer medication)

Does he/she require assistance with personal care? (e.g. toileting) Y N

If Yes, please provide details

Does he/she require assistance with personal skills? (e.g. uses a cup/beaker, requires prompts to chew, using cutlery) Y N

If Yes, please provide details

Does he/she have any mobility / movement issues? Y N

If Yes, please provide details

Any additional information/disabilities not detailed above that may be helpful

Interests

Activities he/she likes to do (e.g. reading, Lego, jigsaws, craft, colouring)

Food/drink he/she likes

Food/drink my he/she dislikes

I would like to receive Space4Autism information by Email Y N Text Y N

Permissions

Permission to administer emergency medical procedures Y N

Permission to apply sunscreen to child Y N

Permission to leave Space Centre with staff members (e.g. trips)
Y N

Permission for photos/videos to be taken Y N

Please note these may be used in the press

I authorise all medical treatment as may be performed or prescribed by the physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I confirm that I have disclosed relevant details/information to Space4Autism regarding my son/daughter, and will take full responsibility to inform them of any changes as and when they arise.

I have read and understood the regulations and requirements of the setting. I give permission for my son/daughter to go on trips. I release Space4Autism and individuals from liability in case of accident during activities related to Space4Autism, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Office Use Only – Manager to fill in to confirm that the form has been checked and that the person mentioned is safe to access the clubs.

Membership card sent Y/N

Club:

Club funding qualify Y N

ASC assessment/dianosis letter seen Y/N

Shredded date.....

Date data input:

Booking form sent Y N

Signature: