



Warwickshire Award for Involvement 

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Sept 2010 - August 2011

REF: YPREGFORMCOVLETUPDATED

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Dear Parent/ Carer,

Please complete the enclosed registration form so that we can meet your needs affectively and you can be registered with us if you wish.

All of our activities are subsidised through our charitable income, however there are certain costs that our members / non members and their families need to be aware of. Please see overleaf for details of our current charges.

Once you have completed the registration form, you will be sent further information.

The registration process is paramount as information gathered here, helps the project to identify individual needs and aspirations and offer the assistance you need to be included in your chosen leisure activities.

If you need any further information or advice please do not hesitate to contact me.

Yours Inclusively.

Peter Bazeley  
Project Manager.

PTO

ILEAP is a Registered Charity No 1089508 and a Private Limited Company No 4189331

with thanks to



## FEES AND PRICES FOR SEPTEMBER 2010 - AUGUST 2011.

- There is an annual subscription of £10 per year to join the project. Members are entitled to discounts at our group sessions and can receive 1:1 support. The membership fee will cover the period September 2010 - August 2011.

(Members joining later in the year will be charged £1 per month x the number of months. Members will be required to join for the year or the remaining proportion of the year.)

- Our group activity sessions are subsidised through our charitable income and include entrance fees. Please refer to your chosen group activity for the relevant price. We try to offer great value at our group sessions and prices average at £2.50 per hour for members and £3.50 per hour for non-members.
- Our 1:1 work is subsidised through our charitable income. Members who request 1:1 assistance with a Youth Worker will be charged a rate of £10 per hour. Non-members are charged £15 per hour for 1:1 support.  
Subsidies may be available depending upon your eligibility and our current funding, please contact us.
- Members who request transport to and from their chosen activity with an ILEAP Youth Worker / Support Friend will be charged a subsidised fee of £5.00 per return journey for this service.

(Transport cannot always be arranged.)

Date of application or  
reapplication:

/ /

Name of referrer / Social  
Worker if you have one

## ILEAP Registration Form

This form is designed to provide the Charity with information so that we can assist you in your chosen leisure activities and support your chosen leisure provider.

### **PART ONE**

NAME OF YOUNG PERSON:		MALE / FEMALE
NAME OF PARENT / CARER		
ADDRESS:	POST CODE:	Warwick District / Stratford District
Email:		
DATE OF BIRTH:		
CONTACT TELEPHONE NUMBER:		
MOBILE TELEPHONE NUMBER:		
EMAIL ADDRESS:		
ETHNICITY:		
FIRST LANGUAGE:		
NEXT OF KIN & RELATIONSHIP		
DOCTORS NAME :		
DOCTORS TELEPHONE NUMBER:		
DOCTORS ADDRESS:		
SCHOOL/COLLEGE/ DAY CENTRE ATTENDED		

## PART TWO

Please provide as much information as possible. This will help the project to avoid any risk situations that may otherwise develop. Certain questions may not apply - please write N/A if this is the case.

Disability/ as known by Parent/ Adult /Child / Young person :	
Have you got any communication needs? i.e. is sign language required, deafness, visual disability? Please describe any specific needs:	
Do you have a physical impairment? Wheelchair user, needs assistance by another, needs assistance by other means:	ILEAP can provide moving and handling at our sessions but you will need to be allocated a 1:1 worker at a rate of £10 per hour. Alternatively you are welcome to bring your own CRB checked additional support.
Do you require medication to be administered during your session?	ILEAP can administer medication at our sessions but you will need to be allocated a 1:1 worker at a rate of £10 per hour. Alternatively you are welcome to bring your own CRB checked additional support.
Do you have seizures (Epilepsy)?	
Do you consider yourself to have behaviour that challenges?	
Do you need constant supervision to ensure your safety?	
Are you aware of dangers? i.e. Road Safety, water, electricity, gas, domestic cleaning chemicals etc:	
Do you need assistance with a particular activity?	
Are there any definite 'no-go' areas?	

Do you become distressed in regard to: change of surroundings, change of routine, interruption of obsessive play or interest, or if left alone for any length of time?	
Do you become frightened in any particular situation? i.e. loud noises, enclosed spaces, many other people.	
Is there anything else, which you consider, is important that the organisers should be aware of? i.e. Custody, if an issue; likelihood of harm to others; specific dietary requirements; are there specific medication requirements: does the young person burn easily if exposed to the sun?	
What particular interests do you have?	
Is there any particular activity that you would like to try?	
Is there a particular activity scheme that you would like to join?	

### **PART THREE**

#### Risk Assessment Plan

Please go into more detail so that the ILEAP Youth Worker / Support Friend / Volunteer can pre-empt risk situations before they develop and ensure that you have a safe and enjoyable time at your chosen activity.

CERTAIN QUESTIONS MAY NOT APPLY -  
PLEASE WRITE N/A IF THIS IS THE CASE.

About the person named in Part One:  
(a brief pen portrait about your personality, e.g.( happy/affectionate)

Is the person named in Part One likely to put themselves or others at risk?

Please describe common behaviours / situations which have led to challenging behaviour in the past:

Describe what the behaviour looks and sounds like:

What are the preferred supportive and intervention strategies: (e.g Reassurance, explanation, isolation, praise and encouragement)

What needs to happen after an incident so that the person named in Part One understands what happened and why?

#### **PART FOUR**

Finally, please provide any further information that will be of use to your Youth Worker /Support Friend and your chosen leisure provider.

Please continue on a separate sheet if necessary.

Thank you for taking the time to complete this application form. Every effort will be made to ensure that you are offered a place in the scheme/activity of your choice. You will be sent an activity selection form in due course.

If in the opinion of the Youth Worker / Support Friend the person named in Part One is at risk of injuring themselves / another child or an adult at the activity, or is being aggressive and threatening, ILEAP will be unable to continue to assist them in their chosen activity and alternative arrangements will need to be made.

Name of Parent / Guardian:

(please print name)

Signature:

Date: