**** **Summer Activities 2016**

**Payments by online banking**

**Please note: We changed our bank account in January 2016, please use and save the bank details provided**

**Application Form NOTES**

**Please read these notes carefully**

**before completing the Application Form**

* Places are subject to agreement and availability.
* These Activities are for young people aged 8-18 with a diagnosis of Asperger's Syndrome or high functioning autism – if you are unsure of your child’s eligibility please contact us.
* Our staff:child ratio is approx **1:4. If your child requires more support please contact us before sending the** application.
* Children must be dropped off and collected at the stated venue.
* Activities have **strict** age restrictions - participants **must** be the correct age at the time of the event.
* Please feel free to send the Application Form by email - but please note: **We can only** **acknowledge an application when a completed Application Form AND payment is received**. (If you send an Application Form without payment your application will be placed on a waiting list until payment is received, unless a special arrangement has been agreed by us).
* **All places will be allocated and confirmed AFTER the closing date**
* We will confirm places by email including full details and maps to venues.Letters will only be posted if you are on our postal mailing list or specifically requested.
* **IMPORTANT note about MEDICATION:** If **whilst attending** an Activity your child will need ***any* medication** which *may* require action/intervention/storage by our staff, e.g. Diabetes, medication for ADHD, epilepsy, please **let us know ASAP** so we can organise staff training.  If our staff are unable to receive training in good time the child’s attendance will not be permitted.

**The Closing Date is Friday 17th June 2016 – Please BOOK EARLY as**

**Activities are usually fully booked!**

We try to allocate spaces fairly, and prioritise early applications as much as possible.

If you have any queries or need help to complete the Application Form, please contact

Judith: Email: info@afso.org.uk 🕿 01844 338696 (Monday – Wednesday) or answer phone

**How to complete the Application Form**

**By email:**

- Type in the shaded areas of the form (pages 2 to 4).

 *Handy Tip: You can use the Tab key on your  
keyboard to move to the next part of the form.*

- Save the document.

- Email the form as an attachment to: **info@afso.org.uk**

- See ‘How to Pay’ for details on how to send payment.

**By post:**

- Complete the form using a black or dark blue pen.

- See notes on ‘How to Pay’ for details on how to send payment.

- Post the form to the address at the bottom of the form.

**How to pay**You can pay by bank transfer/online banking OR cheque. If we are unable to provide any places we will provide a full refund. If you have queries or special arrangements regarding payment please contact us as soon as possible.

|  |
| --- |
| **Bank transfer / online banking** Please use the following details:  Our Bank Account Number: **83020568** Our Sort Code: **20-65-18 PLEASE NOTE NEW BANK DETAILS**  **Reference**: Please enter your ***child’s name* and *Summer*** (so we can identify your payment!)  Our Account Name, if required, is: **Autism Family Support Oxfordshire** |
| **Cheque**  - Make cheque(s) payable to **Autism Family Support**  - On the **BACK** of the cheque **please write your *child’s name, Summer,******your name*** *and* ***telephone number****.*  NOTE: If we cannot confirm a place on the activity, we will simply destroy the relevant cheque.  **We will only bank cheques after we have confirmed your application.** |

A **separate** form must be completed for **each child** – please photocopy if necessary

Application Form – Summer Activities 2016

**Please type in the shaded areas (e.g.** **) OR write clearly using black or blue ink**

|  |  |  |
| --- | --- | --- |
| Name of Child/Young Person: | | |
| Age: | Date of Birth: | Diagnosis:       \**Asperger’s or High Functioning Autism* |
| Is s/he aware and accepting of diagnosis? Yes  No | | |
| School/College: | | |

|  |  |
| --- | --- |
| Name: | Relationship to child: |
| Home Tel: | Mobile No: |
| Email Address: | |
| Home/Correspondence Address (inc postcode): | |
|  | |
|  | |

**Contact Person (Parent/Guardian)**

**List TWO other people who can be contacted in an emergency.**

**At least one additional mobile number is required.**

|  |  |  |
| --- | --- | --- |
| 1 | Name: | Relationship to Child: |
| Home Tel: | Mobile No: |
| 2 | Name: | Relationship to Child: |
| Home Tel: | Mobile No: |

Please tell us about your child

|  |
| --- |
| Has your child attended a holiday activity with us before? **Yes  No** |
| What are your child’s particular **interests/hobbies**? |
| Please tell us of any **medication** or **health issues** (e.g. allergies, medication, asthma, epilepsy): |
| Will medication need to be taken **whilst** attending our activity? **Yes  No**   If YES we will contact you about your application and a medical consent form must be completed. |
| Please describe any difficulties with **communication:** |
|  |
| **Potential Risks** |
| Does your child abscond from settings or people (i.e. school, home, groups, etc)? Yes  No  If YES please give details, and explain how staff should manage the situation if it arises: |
| Is your child physically or verbally aggressive? Yes  No  If YES please give details, and explain how staff should manage the situation if it arises: |

|  |
| --- |
| Does your child self-harm? Yes  No  If YES please give details, and explain how staff should manage the situation if it arises: |
| Please describe any other **difficulty/challenging behaviour** your child may experience: |
| Please list anything that causes your child stress or fear and how she expresses being stressed or scared. |
| Please list any other groups/activities your child attends: |
| Is there any additional information we should be aware of? |

|  |
| --- |
| **Parental Agreement**  **Please ‘X’ boxes to provide consent**  **Photographs/Filming/social media**  Yes  No  I give consent for photographs/film to be of taken of my son/daughter during the Activities to be used in publicity material, Autism Family Support website and social media, funding applications and purposes for the development of Autism Family Support.  **Any Comments:**        **Medical Information**  Yes  No  I agree to my son/daughter receiving any and all **emergency** medical treatment, including anesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance, should the need arise. I undertake to inform Autism Family Support of any change in my child’s medical circumstances.  **Any Comments:**  **Damaged Equipment**  Yes  No  I agree to pay for the repair/replacement of any equipment upon which my child has incurred damage. **Any Comments:** |
| **Parents Should Note:**  **Use of Data:** These activities are funded by Oxfordshire County Council (OCC).  In order to assess the impact and coverage of the scheme, OCC require us to collect information such as your child’s name and date of birth. This information is used to ensure best possible service across the County. All information is kept in strict confidence and is not shared with other organisations. If you have any questions please contact us for more information.  **Use of Physical Intervention**  In extreme circumstances trained staff may be required to use physical intervention with a child, to ensure the child’s and/or other peoples safety. They will always use the least invasive technique for the minimum period of time and it will only be used when all other strategies and techniques have been attempted. **Please contact us with any information, medical or otherwise, about your child and the use of physical interventions, if necessary.** |

|  |
| --- |
| **Data requested from Oxfordshire County Council. Your answers will not affect your booking**  Please tell us your family employment status (chose one option) Is your family:  Single parent family where the parent is working at least 16 hours per week  In employment working at least 24 hours per week, with one parent working at least 16 hrs per week  None of the above  Would this booking provide childcare that is essential for any family employment? Yes  No |

Activities requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Age Restriction** | **Fee Per Child** | **To book  enter fee here 🡫** |
| 25 July | Laser Gaming (indoor) | 8-12 year olds | £12 | **£** |
| 27 July | Gaming | 13-18 year olds | £15 | **£** |
| 28 July | Gaming | 8-12 year olds | £15 | **£** |
| 29 July | Horsewyse | 8-18 year olds | £30  £35 with transport | **£** |
| 2 Aug | Earth Trust | 8-12 year olds | £15 | **£** |
| 3 Aug | Gaming | 13-18 year olds | £15 | **£** |
| 4&5 Aug | HACK IT | 8-12 year olds | £20 | **£** |
| 8 Aug | Rowing and Picnic | 8-18 year olds | £8 per person taking part | **£** |
| 9-11 Aug | HACK IT | 13-18 year olds | £30 | **£** |
| 15 Aug | Farmer Gows | 8-12 year olds | £12  £20 with transport | **£** |
| 17 Aug | TRAX 10am-12:30pm | 13-18 year olds | £15 | **£** |
| 17 Aug | TRAX 1pm-3:30pm | 13-18 year olds | £15 | **£** |
| 18 Aug | Gaming | 8-12 year olds | £15 | **£** |
| 19 Aug | Horsewyse | 8-18 year olds | £30  £35 with transport | **£** |
| 22 Aug | Rowing and Picnic | 8-18 year olds | £8 per person taking part | **£** |
| 23 Aug | Earth Trust | 13-18 year olds | £15 | **£** |
| 24 Aug | Gaming | 13-18 year olds | £15 | **£** |
| 25 Aug | Gaming | 8-12 year olds | £15 | **£** |
| 30 Aug | Laser Tag (outdoor) | 13-18 year olds | £25 | **£** |
| These activities are heavily subsidised. **Donations** are always welcome and help us provide a range of fun activities. Please consider an optional donation and enter the amount here: | | | | **£** |
| **Please enter TOTAL** | | | | **£** |
| **Please see Page 1 for details on how to pay PAYMENT: Please tell us how you paid (‘X’ box)**  **A cheque was posted on this date:**  **Bank transfer was made on this date:**       i (please remember to use new bank details)  **Please tell us any special arrangements/details regarding your payment, If required:** | | | | |

|  |  |
| --- | --- |
| Signed (or if emailed please ‘X’ ): | Name: |
| Relationship to child: | Date: |

**Data Protection and Use of Data:** In completing this form you are agreeing for the information contained within to be held by Autism Family Support Oxfordshire (AFSO), and for AFSO to contact you if required. All information will be treated in the strictest confidence in accordance with the Data Protection Act 1998. These activities are funded by Oxfordshire County Council (OCC).  In order to assess the impact and coverage of the scheme, OCC require us to collect information such as your child’s name and date of birth. This information is used to ensure best possible service across the County. All information is kept in strict confidence and is not shared with other organisations. If you have any questions, please contact us for more information.

**Please return this form by email to:** [**info@afso.org.uk**](mailto:info@afso.org.uk) **OR**

**post to: Summer Holiday Activities, Autism Family Support Oxfordshire, Thomley Centre,**

**Menmarsh Road, Worminghall, HP18 9JZ**