

PLEASE PUT PICTURE HERE

SNOOSC MEMBERSHIP PACK

**CLUB MEMBERS INFORMATION**

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ GENDER: MALE / FEMALE / OTHER

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POST CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL/DAY CENTRE/RESIDENTIAL ATTENDED NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POST CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISABILITY/DIAGNOSIS (PLEASE PROVIDE RELEVANT DOCUMENTS IF APPLICABLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THE CLUB MEMBER TOILET TRAINED? YES / NO

IS THE CLUB MEMBER A WHEELCHAIR USER? YES / NO

IS THE CLUB MEMBER GLUTEN FREE/HAVE ANY DIETRY NEEDS? YES /NO

DOES THE CLUB MEMBER REQUIRE MEDICATION? YES / NO

DOES THE CLUB MEMBER HAVE ANY MEDICAL NEEDS? YES / NO

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DOES THE CLUB MEMBER USE SPECIFIC COMMUNICATION?

I.E. PECS/TEACCH/SYMBOL CARDS/MAKATON YES/ NO

PLEASE CIRCLE IF THE CLUB MEMBER IS VERBAL / NON-VERBAL

OTHER COMMUNICATION NEEDS PLEASE SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE GIVE DETAILS OF EQUIPTMENT THE CLUB MEMBER REQUIRES ON A DAY TO DAY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY OTHER COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCTOR AND SURGERY CONTACT DETAILS**

NAME OF DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF SURGERY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POST CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURGERY CONTACT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOCIAL WORKER CONTACT DETAILS:**

NAME OF SOCIAL WORKER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHO WILL BE FUNDING THE SESSIONS:**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Central Bedfordshire CBC** |  |  |
| **Luton Borough LBC**  |  |  |
| **Other local authority**  |  |  |
| **Payment made by Parent/Carer/Guardian** |  |  |
| **Other** |  |  |

**If sessions are being funded by any local authority, please specify panel decision/allocations for any funded days or hours:**

**Please provide evidence of funding confirmation.**

**If other, please specify how these payments will be made:**

**MEDICATION**

I CONSENT FOR MY CHILD TO BE ADMINISTERED PRESCRIBED/NON-PRESCRIBED MEDICATION.

PLEASE LIST ALL MEDICATION, TIMES AND DOSAGE ADMINISTERED

|  |  |  |
| --- | --- | --- |
| NAME OF MEDICATION | TIME GIVEN | DOSAGE OF MEDICATION |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT DETAILS OF NEXT OF KIN**

FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION TO CLUB MEMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACTS

WE REQUIRE BY EMAIL TO SNOOSC1@GMAIL.COM CONTACT DETAILS FOR 2 PEOPLE WHO WE CAN CONTACT IN CASE OF AN EMERGENCY.

|  |  |
| --- | --- |
|  |  |

PLEASE PROVIDE NAMED PERSON/S WHO WILL COLLECT THE CLUB MEMBER AFTER SESSIONS

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ON THE 25TH MAY 2018 THE NEW GENERAL DATA PROTECTION REGULATIONS (GDPR) CHANGES THE WAY WE CAN OBTAIN AND USE YOUR PERSONAL DATA. THEREFORE, IT IS NECESSARY TO UPDATE OUR SYSTEMS ACCORDINGLY WITH ADEQUATE CONSENT FROM PARENT /CARERS / GUARDIANS. PLEASE PROVIDE US WITH PERMISSION FOR THE BELOW WHERE NECESSARY AND PERMISSIBLE. THE SNOOSC MEMBERSHIP PACK IS USED TO COLLECT INFORMATION THAT IS RELATIVE TO THE NAMED CLUB MEMBER AND WILL BE USED FOR THE PURPOSE OF THE SNOOSC SUPPORT PLAN THIS INFORMATION WILL STAY STRICTLY CONFIDENTIAL WITHIN SNOOSC AND ONLY SHARED WITH SNOOSC STAFF WORKING WITH THE CLUB MEMBER ON A NEED TO KNOW BASIS. PLEASE INFORM US OF ANY FUTURE CHANGES IN WRITING ESPECIALLY IF THERE IS A CHANGE IN MEDICATION/DOSAGES.

**CONSENT FORMS**

I CONSENT FOR THE NAMED CLUB MEMBER TO BE TAKEN OFF PREMISES IN A COACH/MINIBUS/PRIVATE HIRE TO ACCESS AN OFF BASE ACTIVITIY SPECIFIED ON THE BOOKING FORM.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/CARER/GUARDIAN

I CONSENT FOR THE INFORMATION PROVIDED WITHIN THE PACK TO BE SHARED WITH SNOOSC STAFF WORKING WITH THE NAMED CLUB MEMBER

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/CARER/GUARDIAN

I CONSENT FOR THE NAMED CLUB MEMBER TO RECEIVE MEDICAL ATTENTION FROM TRAINED FIRST AID SNOOSC STAFF IF IN AN EMERGNECY NAMED CONTACTS ARE UNAVAILABLE

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/CARER/GUARDIAN

|  |  |
| --- | --- |
| [ ]  | * SNOOSC WEBSITE
 |
| [ ]  | * FLYERS, NEWSLETTERS, BROCHURES, POSTERS, GENERAL DISPLAYS, NETWORKING AND MARKETING
 |
| [ ]  | * LOCAL AUTHORITY DIRECTORIES
 |
| [ ]  | * SOCIAL MEDIA – SNOOSC FACEBOOK
 |
| [ ]  | * CVS BEDS
 |
| [ ]  | * STAKEHOLDERS AND PARTNERS (I.E. LUTON CONSORTIUM, LOCAL AUTHORITIES)
 |
| [ ]  | * NONE OF THE ABOVE
 |

THE SNOOSC ORGANISATION MAY WISH TO USE/RE-USE PHOTOGRAPHS OR FILM FOR USE WITHIN:

PLEASE CONFIRM YOUR AGREEMENT BY TICKING ALL OR SOME OF THE BOXES ABOVE. IF YOU DO NOT CONSENT PLEASE LEAVE BOX(S) UNTICKED,

IF YOU WISH TO SPECIFY A TIME LIMIT ON THIS CONSENT PLEASE CONFIRM THIS HERE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLUB MEMBERS FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CARER/GUARDIAN FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNIC ORIGIN FORM**

PLEASE MARK ‘X’ IN ONLY **ONE BOX IN COLUMN A** AND ONLY **ONE BOX IN COLUMN B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **COLUMN A** |  | **COLUMN B** |
|  |  |  |  | **ASIAN**  |
| (A) |  | BRITISH OR MIXED BRITISH | (A) |  | BANGLADESHI |
|  |  |  |  |  |  |
| (B) |  | ENGLISH | (B) |  | INDIAN |
|  |  |  |  |  |  |
| (C) |  | IRISH | (C) |  | PAKISTANI |
|  |  |  |  |  |  |
| (D) |  | SCOTTISH | (D) |  | ANY OTHER ASIAN BACKGROUND (PLEASE SPECIFY)  |
|  |  |  |  |  |  |
| (E) |  | WELSH |  |  |  |
|  |  |  |  | **BLACK** |
| (F) |  | ANY OTHER? (PLEASE SPECIFY) | (E) |  | AFRICAN |
|  |  |  |  |  |  |
|  |  |  | (F) |  | CARIBBEAN |
|  |  |  |  |  |  |
|  |  |  | (G) |  | ANY OTHER BLACK BACKGROUND (PLEASE SPECIFY) |
|  |  |  |  |  |
|  |  | **CHINESE** |
|  | (H) |  | ANY CHINESE BACKGROUND (PLEASE SPECIFY) |
|  |  |  |  |
|  |  |  |  | **MIXED ETHNIC BACKGROUND** |
|  |  |  | (I) |  | ASIAN AND WHITE  |
|  |  |  |  |  |  |
|  |  |  | (J) |  | BLACK AFRICAN AND WHITE |
|  |  |  |  |  |  |
|  |  |  | (K) |  | BLACK CARIBBEAN AND WHITE |
|  |  |  |  |  |  |
|  |  |  | (L) |  | ANY OTHER MIXED ETHNIC BACKGROUND  |
|  |  |  |  |  | (PLEASE SPECIFY) |
|  |  |  |  | **WHITE** |
|  |  |  | (M) |  | ANY WHITE BACKGROUND (PLEASE SPECIFY) |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | **ANY OTHER ETHNIC BACKGROUND** |
|  |  |  | (N) |  | ANY OTHER ETHNIC BACKGROUND (PLEASE SPECIFY) |
|  |  |  |  |  | -------------------------------------------------------------------- |

CLUB MEMBERS FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CARER/GUARDIAN FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY OF SNOOSC**

ESTABLISHED IN 2001 BY THREE PARENTS, WHO HAD CHILDREN WITH SPECIAL NEEDS, UPON RESEARCHING AND FINDING OUT THERE WAS A LACK OF SOCIAL AND RECREATIONAL RESOURCES AND OPPORTUNITIES FOR CHILDREN WITH SPECIAL NEEDS DURING OUT OF SCHOOL HOURS IN THE LOCAL AREA. CORRESPONDING WITH THE PARENTS, LOCAL AUTHORITIES, BEDFORDSHIRE AND LUTON COUNCIL AND OTHER FUNDING BODIES, WITH GREAT PASSION AND COMMITMENT ‘HILLCREST OUT OF SCHOOL CLUB’ WAS DEVELOPED.

AFTER OBTAINING CHARITABLE STATUS AS A NON-PROFIT-MAKING ORGANISATION, THE NAME LATER CHANGED TO S.N.O.O.S.C (IN BEDS) TO AVOID CONFUSION AS THE ORGANISATION WAS BASED AND OPERATED WITHIN THE ‘HILLCREST SPECIAL SCHOOL’.

THE ORGANISATION WORKS IN PARTNERSHIP WITH CENTRAL BEDFORDSHIRE COUNCIL, LUTON BOROUGH COUNCIL, AND HOUGHTON REGIS TOWN COUNCIL. WE HAVE RECENTLY RECEIVED A ‘HIGHLY COMMENDED’ AWARD FROM HOUGHTON REGIS TOWN COUNCIL, WITH TWO MEMBERS OF THE S.N.O.O.S.C STAFF RECEIVING INDIVIDUAL AWARDS FOR THEIR HARD WORK AND DEDICATION.

S.N.O.O.S.C HAS ALWAYS AND WILL ALWAYS PUT THE CHILD/YOUNG ADULT FIRST. WE RECOGNISE THAT EACH IS AN INDIVIDUAL WITH THEIR OWN LIKES AND DISLIKES, CAPABILITIES AND SKILLS, AND THEIR OWN PERSONALITIES; OUR GOAL IS TO INSPIRE MEMBERS WITH ANY RANGE OF DISABILITIES AND BEHAVIOURS. WE AIM TO SUPPORT OUR CHILDREN/YOUNG ADULTS IN THEIR SOCIAL ACTIVITIES WITH RESPECT AND KINDNESS TO ENABLE THEM TO SUCCESSFULLY ACCESS INCLUSION INTO THE COMMUNITY.

SNOOSC NOT ONLY WANTS TO CATER FOR THE CLUB MEMBER BUT ALSO FOR THE FAMILIES; FOR US IT IS IMPORTANT TO WORK TOGETHER WITH PARENTS, GUARDIANS AND CARERS TO ESTABLISH A GREATER BOND IN GETTING TO KNOW THEIR CHILD, COMMUNICATING REGULARLY WITH PARENTS, GUARDIANS AND CARERS HELPS ENCOURAGE US TO PROVIDE A BETTER SERVICE.

SHORT BREAK SERVICES ARE VALUED WITHIN THE COMMUNITY AS THERE ARE VERY LIMITED ORGANISATIONS PROVIDING THIS SHORT BREAK SERVICE, HOWEVER OUR ORGANISATION ENCOMPASSES A FURTHER SPECIAL VALUE TO NOT REQUIRING PARENTS TO STAY WITH THE CLUB MEMBERS, ENABLING PARENTS TO LEAVE THEIR CHILD WITH US AND TAKE THEIR ‘SHORT BREAK’. WE ARE HOPING TO MAKE THIS SERVICE MORE ACCESSIBLE WITHIN THE LOCAL AREA.

SNOOSC PROVIDES SPECIALISED CLUBS FOR CHILDREN AND YOUNG ADULTS FROM THE AGES OF 8-25 YEARS OLD. WE PROVIDE A 1:1 SERVICE FOR ALL CLUB MEMBERS WITH COMPLEX AND PROFOUND NEEDS; A 2:1 IS PROVIDED WHERE DEEMED NECESSARY. WE OPERATE 2 SPECIALISED CLUBS, SATURDAY CLUBS AND HOLIDAY CLUBS. THESE SERVICES ARE PUT IN PLACE AND ARE AVAILABLE TO FAMILIES AS A SHORT BREAK SERVICE, ALLOWING THE CLUB MEMBER THE CHANCE TO DEVELOP ON THEIR SOCIAL, EMOTIONAL AND PHYSICAL WELL-BEING. DURING ALL SESSIONS STAFF OBSERVES AND MONITORS SAFEGUARDING PROCEDURES AT ALL TIMES.

SATURDAY CLUBS ARE EVERY SATURDAY PER MONTH FROM 10AM TO 4PM. HOLIDAY CLUBS RUN ON MOST SCHOOL HOLIDAYS INCLUDING THE SUMMER BREAK FROM 10AM TO 4PM. DEPENDANT ON THE ACTIVITY, SOME SESSIONS MAY RUN LONGER THAN USUAL, PARENTS WILL BE NOTIFIED ON THE OCCASION.

WE AIM TO OFFER A WIDE VARIETY OF ON BASE ACTIVITIES, INCLUDING A BALL POND, ARTS AND CRAFT AND OTHER SENSORY EQUIPMENT. TO MAKE SURE WE ARE FULLY INCLUSIVE WE ALWAYS MODIFY ACTIVITIES TO SUIT THE NEEDS OF EVERYONE DUE TO THEIR COMPLEX AND PROFOUND NEEDS. DURING SATURDAY CLUBS WE LIKE TO TAKE THE CLUB MEMBERS AND VENTURE OUT INTO THE COMMUNITY WHEN THE WEATHER IS GOOD, TAKING THEM TO THE PARK OR LOCAL LIBRARY AND SHOPS. THROUGHOUT HOLIDAY CLUBS WE LIKE TO TAKE THE CHILDREN OUT TO TRIPS SUCH AS THE ZOO, RESTAURANTS, BOWLING, SWIMMING; AND DURING THE SUMMER - DEPENDING ON THE WEATHER - TAKING THEM TO THE BEACH.

IN JANUARY 2016 THE AGE RANGE WAS INCREASED FROM 9-21 TO 9-25 YEARS, ENABLING LONGER STANDING MEMBERS TO REMAIN WITHIN SNOOSC, AND HELP DEVELOP THEIR TRANSITION TO ADULTHOOD. IN APRIL 2018 THE AGE RANGE WAS FURTHER EXTENDED OUT TO INCLUDE 7-YEAR OLDS, HOWEVER IN JUNE 2019 DUE TO RULES AND REGULATIONS THIS WAS DECREASED TO 8-25 YEARS OLD.

IN 2017 TWO NEW CLUBS WERE INTRODUCED, ONE BEING THE PEARSON CLUB FOR CLUB MEMBERS FROM THE AGE OF 7-14 (CURRENTLY 8-14), NAMED TO COMMEMORATE A FOUNDING MEMBER JANE PEARSON; AND THE SECOND CLUB NAMED KELLY CLUB FOR CLUB MEMBERS FROM THE AGE OF 15-25 IN HONOUR OF A FOUNDING MEMBER ANN KELLY. THE KELLY CLUB ALLOWS US TO TAKE THE OLDER CLUB MEMBERS OUT TO VENTURE INTO THE COMMUNITY SO THEY CAN ENGAGE WITH ACTIVITIES THAT WILL FACILITATE INDEPENDENCE AND HELP TO PREPARE THEM FOR ADULTHOOD.

THE ORGANISATION IS COMPRISED OF DEDICATED TRUSTEES, A STRONG MANAGEMENT TEAM AND A CORE, SPECIALLY TRAINED, PASSIONATE SUPPORT WORKERS, EMPLOYING BUDDIES FROM THE AGE OF 16-20 FILLING IN THE ROLE OF A FRIEND FOR THE CLUB MEMBERS AND YOUTH SUPPORT WORKERS FROM THE AGE OF 21 AND ABOVE, WHO ARE THE FIRST LINE OF SUPPORT FOR CLUB MEMBERS, PROVIDING INVALUABLE MENTORING AND AN INTIMATE CARE SERVICE. OUR DYNAMIC TEAM LEADERS ARE ENTHUSIASTIC AND PASSIONATE IN SUPPORTING THE STAFF, CLUB MEMBERS AND THEIR FAMILIES.

SNOOSC IS A JOYFUL AND ENERGETIC CLUB CATERING FOR ALL TYPES OF COMPLEX AND PROFOUND DISABILITIES, FROM LEARNING DIFFICULTIES TO CHALLENGING BEHAVIOURS, OUR SNOOSC TEAM PRIDES ITSELF IN BEING PRACTICAL, FLEXIBLE AND CARING AND ADAPTING TO ALL TYPES OF CIRCUMSTANCES AND SITUATIONS ENSURING THAT ALL CLUB MEMBERS HAVE A GREAT TIME ATTENDING CLUB SESSIONS. SNOOSC HAS EVOLVED EVERY YEAR FROM STRENGTH TO STRENGTH BEING A PASSIONATE AND DEDICATED COLLECTIVE TEAM ALONG WITH THE ONGOING SUPPORT FROM PARENTS, GUARDIANS AND CARERS.

**ADMISSION POLICY**

SPECIAL NEEDS OUT OF SCHOOL CLUB WELCOMES CHILDREN FROM ALL BACKGROUNDS, REGARDLESS OF THEIR ETHNICITY, CULTURE, OR RELIGION, LEARNING DIFFICULTIES, OR DISABILITIES, GENDER OR ABILITY AND WE SEEK TO AVOID ANY FORM OF DISCRIMINATION ON ALL LEVELS.

WE WELCOME CHILDREN WITH SPECIAL EDUCATIONAL NEEDS OR REQUIREMENTS, PROVIDING THE FACILITIES THAT CAN BE PRACTICALLY ARRANGED TO PROVIDE A SAFE, STIMULATING ENVIRONMENT FOR ALL THE CHILDREN, AND THOSE WITH SPECIAL NEEDS CAN COPE WITHIN OUR SETTING.

SNOOSC (IN BEDS) WELCOMES CHILDREN BETWEEN THE AGES OF 8 - 25 YEARS OF AGE.

**REGISTRATION:**

WHEN AN ENQUIRY OR REFERRAL HAS BEEN RECEIVED BY POST, SIGNED REGARDING A PLACE, PARENTS/ CARERS ARE SENT A MEMBERSHIP PACK, INCLUDING A SSP TO COMPLETE AND SEND BACK TO THE SNOOSC OFFICE, PARENTS /CARERS ARE THEN INVITED IN FOR A SCHEDULED INTERVIEW TO DISCUSS THE CHILD’S FURTHER NEEDS, AND TO REVIEW THE SSP. PARENTS WILL BE CONTACTED AFTER THE INTERVIEW TO ADVISE IF THERE IS AN AVAILABLE SPACE.

APPLICATIONS AND SSP FORMS WILL BE SENT TO PARENTS/CARERS FOR UPDATING ON A 6-MONTHLY TIMESCALE FOR AND UPDATED INFORMATION

IF PLACES ARE LIMITED OUR ADMISSION PRIORITIES ARE:

SIBLINGS (SHOULD THEY HAVE THE REQUIREMENTS FOR ACCESS TO THE ORGANISATION):

CHRONOLOGICAL ORDER OF FIRST APPLICATION:

SNOOSC WILL WORK CLOSELY IN PARTNERSHIP WITH PARENTS/CARERS IN MAKING A SAFE AND HAPPY ENVIRONMENT FOR YOUR CHILD. OUR STAFF WILL HAVE BOTH THE TIME AND THE TRAINING TO WELCOME PARENTS/CARERS AND YOUR CHILD TO THE CLUB.

YOUR CHILD, PARENTS/CARERS, WILL BE ENCOURAGED TO MAKE AT LEAST ONE PRE-ADMISSION SESSION TO HELP ENABLE YOU TO MAKE AN INFORMED CHOICE ABOUT THE CLUB. THIS ALSO ENABLES A MEMBER OF SNOOSC TEAM LEADER/DEPUTY TEAM LEADER TO COMPLETE AN ASSESSMENT, AND TO GATHER AS MUCH INFORMATION AS POSSIBLE ABOUT YOUR CHILD, TOGETHER WITH THE HELP OF PARENTS/CARERS.

ONCE AN ADMISSION IS SECURE (SUBJECT TO THE SSP), THE PLACE WILL THEN BE ALLOCATED TO YOUR CHILD, UNTIL WE ARE NOTIFIED THAT IT IS NO LONGER REQUIRED (ONE MONTH’S NOTICE REQUIRED).

SNOOSC ENSURES THERE ARE ROBUST AND TRANSPARENT SYSTEMS IN PLACE TO SUPPORT A FAIR AND CONSISTENT APPROACH TO ADMISSIONS.

ALL APPLICANTS ARE TREATED WITH CARE, CONSIDERATION AND COMPASSION.

**DISCLOSURES:**

PARENTS/CARERS MUST, AS SOON AS POSSIBLE, DISCLOSE ANY PARTICULARS KNOWN OR SUSPECTED CIRCUMSTANCES RELATING TO THEIR CHILD’S HEALTH, PRESCRIBED AND NON-PRESCRIBED MEDICATION AS PER SNOOSC MEDICATION POLICY & PROCEDURES, ALSO THEY MUST DISCLOSE ANY ALLERGIES, DISABILITIES OR LEARNING DIFFICULTIES. (ALL RELEVANT FORMS PERTAINING TO THIS ARE ENCLOSED IN THE STARTER PACK, GIVEN TO PARENTS/CARERS BEFORE ADMISSION).

ALL INFORMATION WILL BE TREATED WITH THE UTMOST CONFIDENCE, IN ACCORDANCE WITH THE GDPR LAW, AND SHARED WITH TRAINED CONFIDENTIAL AND DESIGNATED STAFF.

ADMISSIONS POLICY REFERENCED WITH CHARGING & CANCELLATION POLICY/STARTER PACK/PEN PROFILE/GPDR POLICY.

**CHARGING AND CANCELLATION POLICY**

SPECIAL NEEDS OUT OF SCHOOL CLUB OFFERS A SHORT BREAKS FACILITY FOR CHILDREN AND YOUNG ADULTS WITH DISABILITIES, INCLUDING CHALLENGING BEHAVIOURS. THIS ALSO OFFERS SHORT BREAKS FOR PARENTS/CARERS; AND ENABLES THEM TIME TO SPEND WITH OTHER FAMILY MEMBERS AND SIBLINGS.

THIS SERVICE IS SUBSIDISED BY CHARITABLE CONTRIBUTIONS, STAKEHOLDERS AND FUNDERS. THE ORGANISATION OFFERS THE FOLLOWING CHARGES, WHICH ARE GIVING EXCELLENT VALUE FOR MONEY. HOWEVER, SNOOSC RESERVE THE RIGHT TO CHANGE THE AMOUNT FOR FEES/PARENTAL CONTRIBUTIONS CHARGED AT ANY TIME, WITH A PRIOR NOTICE OF 4 WEEKS IN WRITING INFORMING PARENTS/CARERS AND THE LOCAL AUTHORITY. SIBLINGS THAT ATTEND SESSIONS (THAT MEET THE REQUIREMENTS, OF THE SNOOSC ORGANISATION) ARE CHARGED AT THE SAME RATE.

THIS ALSO INCLUDES A CHANGE OF VENUE, HOURS OF SATURDAY AND HOLIDAY CLUB SESSIONS, HOWEVER SNOOSC WILL ENDEAVOUR TO INFORM PARENTS/CARERS AS SOON AS IS PRACTICAL SHOULD THERE BE THE NEED FOR A CHANGE OF VENUE.

PAYMENT IS REQUIRED FOR PARENTAL CONTRIBUTIONS AT THE TIME OF BOOKING (NEW BOOKING SYSTEM AND REQUIREMENTS OPERATING FROM APRIL 2016). LOCAL AUTHORITY FUNDED FAMILIES WILL BE PAID BY INVOICE, FOR ALL APPLICABLE SNOOSC SERVICES. FOR FAMILIES WISH TO MAKE INDEPENDENT PAYMENTS OR PAY FOR EXTRA DAYS THIS IS WELCOMED.

HOWEVER, ALL FAMILIES WILL BE ENCOURAGED TO APPROACH THE LOCAL AUTHORITY FOR PLACEMENT ON THE DISABILITIES REGISTER. THIS CAN BE COMPLETED ON-LINE, AND TO ALSO APPROACH THE LOCAL AUTHORITY FOR ASSESSMENTS/CARE PLANS.

SATURDAY CLUB: 10.00 AM - 4.00 PM: (HALF DAY – 10.00 AM – 1.00 PM (MORNING) 1.00 PM - 4.00 PM) (AFTERNOON):

A FEE IS CHARGED AT THE RATE OF £10.50 PER HOUR. THEREFORE A 6-HOUR SESSION PER DAY IS CHARGED AT THE RATE OF £63.00. A 3 HOUR SESSION PER HALF DAY IS CHARGED AT THE RATE OF £31.50.

THERE ARE NO TRANSPORT ARRANGEMENTS FOR SATURDAY CLUB:

PARENTS/CARERS WILL BE RESPONSIBLE FOR BRINGING THEIR CHILD/YOUNG ADULT TO THE SESSIONS AND WILL BE RESPONSIBLE FOR COLLECTING THEM AT THE END OF THEIR ALLOCATED TIME.

ADDITIONAL FEES MAY BE PAYABLE FOR EXTRA OFF-SITE ACTIVITIES/ TRIPS THE ORGANISATION RESERVES THE RIGHT FROM TIME TO TIME AT THE DISCRETION OF SNOOSC MANAGEMENT/TRUSTEES.

HOLIDAY CLUB: 10.00 AM – 4.00 PM: (HALF DAY – 10.00 AM – 1.00 PM (MORNING) 1.00 PM – 4.00 PM) (AFTERNOON):

A FEE IS CHARGED AT THE RATE OF £10.50 PER HOUR. THEREFORE A 6-HOUR SESSION PER DAY IS CHARGED AT THE RATE OF £63.00 A 3-HOUR SESSION PER HALF DAY IS CHARGED AT THE RATE OF £31.50

PLEASE NOTE: THERE ARE NO HALF DAY SESSIONS SHOULD A FULL DAY TRIP BE BOOKED:

START TIME SHOULD A TRIP BE BOOKED 9.30 AM – 4.00PM: (HOWEVER COLLECTION TIME MAY BE LATER IF A TRIP HAS BEEN PRE-ARRANGED). PARENTS/CARERS WILL BE INFORMED ACCORDINGLY.

THERE ARE NO TRANSPORT ARRANGEMENTS FOR HOLIDAY CLUB:

PARENTS/CARERS WILL BE RESPONSIBLE FOR BRINGING THEIR CHILD/YOUNG ADULT TO THE SESSIONS AND WILL BE RESPONSIBLE FOR COLLECTING THEM AT THE END OF THEIR ALLOCATED TIME.

ADDITIONAL FEES MAY BE PAYABLE FOR EXTRA OFF-SITE ACTIVITIES/TRIPS, THE ORGANISATION RESERVES THE RIGHT FROM TIME TO TIME AT THE DISCRETION OF SNOOSC MANAGEMENT/TRUSTEES.

**CANCELLATIONS & NON-ATTENDANCE:**

PLACES ARE SOMETIMES BOOKED MANY WEEKS IN ADVANCE. IT IS THEREFORE APPROPRIATE FOR THE SNOOSC ORGANISATION TO HAVE A CANCELLATION CLAUSE. IF A PLACE IS CANCELLED 4 WEEKS OR MORE BEFORE ANY SESSIONS, A FULL REFUND/CREDIT WILL BE ISSUED.

IF THE CANCELLATION IS LESS THAN 4 WEEKS, BUT MORE THAN 7 DAYS A FULL CREDIT WILL BE ISSUED. SHOULD THE CANCELLATION BE LESS THAN 7 DAYS (OWING TO THE ORGANISATION ENGAGING AND BOOKING STAFF TO WORK WITH CLUB MEMBERS ON A 1 : 1 BASIS) THERE WILL BE NO CREDIT/REFUND ISSUED BY THE SNOOSC ORGANISATION.

FUNDED CHILDREN - THE SNOOSC ORGANISATION WILL INFORM THE LOCAL AUTHORITY OF ANY CANCELLATIONS, AND CIRCUMSTANCES INVOLVING THE CANCELLATION SHOULD THERE BE ANY KNOWN, AS SOON AS IS PRACTICABLE.

SHOULD A CHILD/YOUNG ADULT NOT ATTEND A BOOKED SESSION, LESS THAN 7 DAYS PRIOR TO THE SESSION (OWING TO THE ORGANISATION ENGAGING AND BOOKING STAFF TO WORK WITH CLUB MEMBERS ON A 1 : 1 BASIS). THERE WILL BE NO CREDIT/REFUND UNLESS IT IS FOUND THAT A CHILD/YOUNG ADULT HAS BEEN HOSPITALISED, THEN A CREDIT/REFUND WILL BE ISSUED.

PANDEMIC CIRCUMSTANSES – SHOULD THERE BE A NEED FOR SELF-ISOLATION FOR CLUB MEMBERS, WITH REFERENCE TO A POSITIVE RESULT, PROOF VIA EMAIL WILL BE NEEDED, A CREDIT/REFUND WILL BE APPLIED, SHOULD THE CLUB MEMBER BE BOOKED INTO SESSION DURING THE ISOLATION PERIOD. SHOULD A MEMBER OF THE SAME HOUSEHOLD RECEIVE A POSITIVE RESULT, AND THE NEED FOR THE CLUB MEMBER TO SELF-ISOLATE, THE SAME TERMS WILL APPLY.

FUNDED CHILDREN - THE SNOOSC ORGANISATION WILL INFORM THE LOCAL AUTHORITY OF ANY NON-ATTENDANCE, AND CIRCUMSTANCES INVOLVING THE NON-ATTENDANCE SHOULD THERE BE ANY KNOWN, AS SOON AS IS PRACTICABLE, ON THE NEXT AVAILABLE WORKING DAY.

THIS POLICY IS REFERENCED TO ADMISSIONS POLICY/STARTER PACK FOR PARENTS/CARERS.

POLICY REVIEWED JUNE 2021