



Children's Services Membership Form

A service for families with a child/ren with an ASC up to 18 years who need support, training and access to respite and social activity sessions.

Main Contact Details

First Name	
Surname	
Address	
Town	
County	
Post Code	
Home Phone No	
Mobile Phone No	

Please note In order to access activities and support, new members are required to complete a registration pack **before** you or your family can access the sessions. This is to ensure we have all the necessary information to provide the best possible care for our members. Please contact the Children's team on 01282 415 455 or email children@actionasd.org.uk for more details.

If your child/ren is/are seeking a diagnosis please state below. For siblings with no diagnosis please put NA in the diagnosis section below. *Don't forget to complete the family registration pack too, to complete your membership application.*



Child's Name:	DOB:	Diagnosis:
Child's Name:	DOB:	Diagnosis:
Child's Name:	DOB:	Diagnosis:

Action for ASD occasionally send out text alerts and emails as a way of communicating with our members, for instance, if the Resource Centre is closed due to bad weather, or if a new service is planned.

If you would like to receive text alerts please tick here [] If you would like to receive emails please tick here []

Email	
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Please note newsletters, calendars and other updates will be emailed to all members. We will no longer post items to members except under special circumstances.

Please indicate below which services you would like to access:

Impact Group [] Family sessions [] Cygnet Training []
 General Advice [] Other _____

Signature: _____ Date: _____

Privacy Notice: The General Data Protection Regulations (GDPR) forms part of the data protection regime in the UK, together with the Data Protection Act 2018 (DPA 2018). The Operations Manager of ACTION FOR ASD is a data controller.

Action for ASD has a responsibility under data protection legislation to provide individuals with information about how we process their personal data. Please see our Collecting and Sharing of Information and Consent Form for further details. This form should accompany this membership form. Please ask a member of staff for a copy if needed or go to our website www.actionasd.org.uk to view them.

To process this application we need to collect information which can be of a personal and sensitive nature. This will be treated in confidence and will not affect our decision in providing support to you. Where consent is given, information provided by you may be shared with others involved in providing your support. Some of the information you give us will be used for monitoring purposes.

Parent/Carer Information

Please list the details of the approved care givers who have the authorisation to accompany and collect the young person from the sessions.

Main contact name	
Relationship to child/ren	
Emergency contact name (for carer)	
Emergency contact telephone	

Additional carer 1

Name	
Relationship to child/ren	
Address	
Post code	
Home telephone	
Mobile telephone	
Emergency contact name (for carer)	
Emergency contact telephone	

Additional carer 2

Name	
Relationship to child/ren	
Address	
Post code	
Home telephone	
Mobile telephone	
Emergency contact name (for carer)	
Emergency contact telephone	

Child with an ASC/Disability Registration Form

Personal Details

Name of Child	
Age	
Date of birth	
Sex	
Ethnic origin	
Religion	

Address	
Post code	
Home telephone	

Diagnosis of	
Diagnostician	
Date of diagnosis	

School	
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Doctor's name	
Doctor's phone no	

Personal Profile

Does he/she take any regular medication?

Yes

No

If yes, please complete the Medical Information Form

Does he/she have any allergies?

Yes

No

If yes, please complete the Medical Information Form

Does he/she have any physical disability?

Yes

No

If yes, please explain.

Does he/she use any sort of communication aid, device or system?

Yes

No

If yes, please explain.

Does he/she need assistance with personal hygiene?

Yes

No

If yes, please explain what sort of assistance is required.

Does he/she have any particular eating requirements?

Yes

No

If he/she has any food allergies please complete the Medical Information Form

Please list any particular likes, dislikes or food not allowed.

Is he/she particularly sensitive to any sensory issues?

Yes

No

If yes, please explain ie, bright lights, strong smells, sudden or particular sounds, words etc

Please list any particular activities he/she enjoys taking part in?

Please include any specialist interest/s.

Please describe any situation where he/she is likely to become stressed/uncomfortable or aggressive?

Please give as many details as you think necessary, however minor they may be.

Please give details of any specific strategies that you use to calm him/her?

Additional information/comments

Please add any other information you feel relevant.

I would like to receive text alerts regarding the ARC sessions.
Please register the mobile number below

Name:	Mobile:
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Siblings Registration

Sibling 1

Name of Child	
Age	
Date of birth	
Sex	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes please complete a medical information form

Comments

Sibling 2

Name of Child	
Age	
Date of birth	
Sex	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes please complete a medical information form

Comments

Sibling 3

Name of Child	
Age	
Date of birth	
Sex	
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes please complete a medical information form

Comments

If you need to add further details please use a separate sheet of paper.

Medical Information

Please use this form to give detailed information of your child's current medication or treatment, allergies and any other medical conditions. Please use a separate form for each person.

Child's Name	
Doctor's Name	
Surgery Address	
Surgery Tel	

Medication	
Dosage	
Routine	Please detail times administered, by whom and how.

Medication	
Dosage	
Routine	Please detail times administered, by whom and how.

Please list any other medical issues.

Signature: _____

Date: _____

Please print: _____

CHILDREN'S SERVICE COLLECTING AND SHARING OF INFORMATION



Charity No: 1089341

What is the purpose of the Collecting and Sharing of Information & Consent Form?

The purpose of this form is to advise you what we will do with the information you have given us.

What will the information be used for?

The information will be used to get a fuller picture of what you or your child's needs are and to work with you to see if we can help meet those needs.

Who will be able to see my information?

Access to the information will only be given to staff/organisations who have a reason to see it.

How long will it be kept for?

Information will only be kept for as long as it is needed. This can depend – you can find out more about this if you ask us.

Where will the information be kept?

The information you have given us will be stored on our client database and in a paper file. It will be kept confidential and secure so that we comply with GDPR and the Data Protection Act 2018.

Could it be passed to anyone else?

If you say it is ok, some personal details may also be shared between services/organisations. This will only be used for the reason it was given - to help you get the support you and/or your child need.

Could the information be shared without my permission?

Yes, where there might be a child or vulnerable person at risk or who has been harmed, or where a serious crime has or may be committed.

What are my rights?

Action for ASD has a responsibility under data protection legislation to provide individuals with information about how we process their personal data. Your information is protected by GDPR and the Data Protection Act 2018. This means that the information will only be used for the reasons we have stated. It will be kept safe and secure and you have the right to see what information is being kept about you. If you would like access to your personal information or you would like to withdraw your consent to collecting and sharing information please complete the relevant section on the back of this information sheet.

Your Privacy

Under the Human Rights Act 1998 you have a right to Privacy. We have a duty not to tell anyone. This means we will not give out any information about you to third parties without consent, unless we have to by law.

For further details about how we use and protect your data go to our website to read our full Privacy Notice.

WITHDRAWAL OF CONSENT FORM

If you decide at any stage that you want to withdraw your consent of collecting and sharing of information, please complete and return this form to the address below.

Name _____

Address: _____

I would like to withdraw my consent to the collection and sharing of information of myself and/or my family.

Signed: _____

Date: _____

ACCESS TO INFORMATION REQUEST FORM

If you would like access to your and/or your family's information records Action for ASD have on file, please complete and return this form to the address below.

Name _____

Address: _____

I would like access to my and/or my family's information records.

Signed: _____

Date: _____

Please send your completed request form marked for the attention of:

Operations Manager
Action for ASD
Suites 7 & 8 Kings Mill
Queen Street
Burnley
Lancashire
BB10 2HX



ACTION FOR AUTISTIC SPECTRUM DISORDERS

Charity No: 1089341

CHILDREN'S SERVICE COLLECTING AND SHARING OF INFORMATION CONSENT FORM

Personal information includes:

Basic information - which means name, address, gender, date of birth, school attended, GP, parent or primary carer, staff members involved

Additional information - which means any needs you have and how they may be met and it may also include other relevant 'sensitive' information such as ethnic origin, religion, mental health, sexual life, offences alleged or committed.

Services may include, Health Services, Social Services, Education establishments, Local Councils, Police etc.

Are there any of these groups you would not want us to share 'additional' information with? *If so please write the details on the back of this form.*

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To be signed by the person with parental responsibility

Please tick the boxes you agree with

I agree to my (family's/child's) personal information being processed and used for the purpose of providing services to promote my (family's/child's) welfare and to meet identified needs.

or

I do not agree to my (family's/child's) personal information being processed. I understand that this may make it more difficult to get the help needed.

I agree to my (family's/child's) 'additional' information being shared between the services listed and agreed above

or

I do not agree to my (family's/child's) 'additional' information being shared, even if it is in my (family's/child's) interest. I understand that this may make it more difficult to get the help needed.

Name: (Print) _____

Date: _____

Signed: (Parent/Guardian) _____

Name: (Print) _____

Date: _____

Signed: (ASD Staff member) _____

