Easter Activities **2019**

 **Please read these notes before completing the Application Form**

Admissions Policy

* These Activities are for children who are:
* **aged 8 – 17 inclusive** at the time of the Activity ***and***
* **have a diagnosis** **of Asperger’s Syndrome / high functioning autism** ***and***
* **live in Oxfordshire** or access statutory services in Oxfordshire e.g. education, healthcare.
* if you are unsure of your child’s eligibility please contact us.
* All our activities encourage and include socialising and involve some group work.
* Places are subject to agreement and availability.
* Our staff:child ratio is approx **1:4. If your child requires more support please contact us before applying.**
* AFSO reserves the right to cancel any bookings if we feel we cannot appropriately support the child or an activity is unsuitable.
* AFSO reserve the right to not accept a child at an activity, if the child is unwell. If your child is unwell prior to the activity, please do not send them to our Activities as this may impact on the health of our staff and other children, and we may have to cancel another activity. If you wouldn’t send them to school, then please keep them at home and let us know.
* Children must be dropped off and collected at the stated venue.
* 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 for applications is Friday 15th March 2019 BOOK EARLY to avoid disappointment!**

**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 into the form, Save the document, and email the form as an attachment to: **info@afso.org.uk**

**By post:** Complete the form using a black or dark blue pen. 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:Bank Account Number: **83020568** Sort Code: **20-65-18** **Reference**: Please enter your ***child’s name* *Easter 19*** e.g *Jon Smith Easter 19 (so we can identity payment)* |
| **Cheque:**  Please make cheque(s) payable to **Autism Family Support Oxfordshire**- On the **BACK** of the cheque please write your **child’s name, Easter,** **your name** & **telephone number**.NOTE: If we cannot confirm a place on the activity, we will simply destroy the relevant cheque or provide a refund for the activities we can not confirm. **We will only bank cheques after we have confirmed your application.**  |

Cancellation Policy

* If a booking is cancelled by AFSO a full refund will be paid.
* If a booking is cancelled by the applicant (family or professional), the refund policy is:
* Cancelled before the booking confirmation has been sent by AFSO - a full refund will be paid.
* Cancelled after the booking confirmation has been sent – no refund.

Application Form – Easter Activities 2019

A **separate** form must be completed for **each child.** Please photocopy if necessary.

Office Use Only PAID: CHQ BT

 REFUND EXCEL CONFIRMATION

**Please type OR write clearly using black or dark blue ink**

Details of the child

|  |  |
| --- | --- |
| Name of Child/Young Person |  |
| Age |  | Date of Birth |  | Diagnosis  |  |
| Are they aware and accepting of diagnosis? | Yes / No (please delete as appropriate) |
| School/College |  |

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

Contact Person (Parent/Guardian)

List TWO other people who can be contacted in anemergency.

**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? If YES, we will contact you about your application and a medical consent form must be completed | **Yes / No** . |
| 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. |

Holiday activities are funded by

|  |  |
| --- | --- |
| 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 they express being stressed or scared. |
|  |
| Please list any other groups/activities your child attends |
|  |
| Is there any additional information regarding your child we should be aware of? |
|  |

Parental Agreement

|  |  |
| --- | --- |
| Photography and Film I consent for photographs and film to be of taken of my child and to be used in publicity material, funding applications and purposes for the development of Autism Family Support Oxfordshire. | **Yes / No****Any comments:** |
| Medical Information. I agree to my child receiving any first aid and 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 agree to inform Autism Family Support Oxfordshire of any change in my child’s medical circumstances prior to attendance.  | **Yes / No****Any comments:** |
| **Please Note the following:** **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 people’s 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.****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 services 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. |
| **We are contractually required to collect the following data by the funders, Oxfordshire County Council. Your answers are treated in confidence and will not affect your booking.**Please tell us your family employment status:  |
|  **‘x’**  | **Is your family:** (please ‘x’ one option) |
|  | 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  |
| **Yes / No** | Would this booking provide childcare that is essential for any family employment?  |

**Requested Activities**

**Closing date for bookings: 15th March 2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Age Restriction** | **Fee Per Child** | **To book enter fee amount here 🡫**  |
| 8th April | Techno Ninjas | 8-12 years | £20 | **£** |  |
| 9th April | Earth Trust | 8-12 years | £18 | **£**  |  |
| 10th April | Mish (Seniors) | 13-17 Years | £15 | **£**  |  |
| 11th April | Mish (Juniors) | 8-12 years | £15 | **£**  |  |
| 15th April | Laser Storm | 8-12 years | £12 | **£**  |  |
| 16th April | Laser Tag | 13-17 Years | £25 | **£**  |  |
| 17th April | City Mazes | 13-17 years | £25 | **£** |  |
| 18th April | Horsewyse | 8-17 years | £30 or £35 | **£** |  |
| Early Bird Discount of 10% if application received **and payment** paid by midnight on Friday 8th March 2019 | **£**  |  |
| These activities are heavily subsidised. **Donations** are always welcome and help us to provide a range of fun activities. Please consider an optional donation and enter the amount here: | **£**  |  |
| **Please enter TOTAL** | **£**  |  |
| **PAYMENT: Please see Page 1 for details on how to pay. Please tell us how you paid**  |
| **By cheque: Please enter the date cheque was posted** |  |
| **By Bank transfer: Please enter the date payments was made****(when paying please use Reference: *child’s name Easter 19*)**  |  |
| **Please tell us any special arrangements/details regarding your payment, if required** |
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| --- | --- | --- | --- |
| **Signed**  | OR TYPE your initials:  | **Relationship to child** |  |
| **Name** |  | **Date** |  |

**Please return this form by email to:** **info@afso.org.uk**

Or post to: Easter Activities, AFSO, c/o Thomley Centre, Menmarsh Road, Worminghall, HP18 9JZ