

Main/Registered Office: Signposts, 58 Regent Road, Morecambe, LA3 1TE

Telephone : (01524) 419021

Fax : (01524) 411541

Community
Legal Service



E-mail: signpostsmarc@signposts.org.uk

Website: www.signposts.org.uk

**“Working to Empower the Community”
in Lancashire and Cumbria**

Pamela Beswick - Chief Executive Officer



Help Point

Dear Parent/Guardian/Carer

Ref: Aiming High Delivery – Term 1

Signposts is launching three new projects for young people with additional needs called Saturday Super Stars, Half Term Super Stars and I.T. Super Stars.

Saturday Super Stars:

Will run twice a month on the 2nd and 4th Saturday of each month at Poulton Children’s Centre, Morecambe. Activities will include arts and craft, sport, music and drama. There are 15 places available per session and will work to ensure that everyone who applies is offered a place on at least one session. We will also be organising a trip once a quarter and will send further information at about these nearer the time. The session runs from 12.30 – 5.30pm

Half Term Super Stars:

Will take place during October Half term. The sessions will run for a full day. There are 8 places available per trip so book early to avoid disappointment. There is a £25 charge per trip, but please speak to the team if you require a concession.

I.T Super Stars:

Will take place on the 1st and 3rd Saturday of each month at Poulton Children’s Centre, Morecambe. Activities will include Wii, X-box and PS3 games. The session will be from 1.30 – 4.30pm and there are 12 places available per session.

To ensure that we can meet the needs of every individual child that attends we would ask that you complete the attached form and return it to Ruth Paterson, Super Stars Project, Signposts, 58 Regent Road, Morecambe, LA3 1TE

For any more information or if you require any help filling in the form please contact Ruth Paterson on 07825 207035

Charity Registration Number: 1117645
Member of AdviceUK (previously FIAC)

Company Limited by Guarantee: 5990592
Registered in England and Wales



North Lancashire
Teaching Primary Care Trust



INVESTOR IN PEOPLE

Additional major funding from Preston City Council, the FC Scott Charitable Trust and Tudor Trust

General information

Child's name

Date of birth.....Age.....

Home Address.....
.....
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Postcode.....

Name of parent/guardian/carer.....

Telephone Number.....

Mobile Number.....

E-mail address (for non-urgent contact)

Please provide details of an emergency contact (preferably a mobile number that will be answered in the event of an accident or emergency). It is very important this contact is accurate.

Name.....

Telephone number

Which school does your child attend?

Medical information

It is important that you give full information on any additional need, allergies, medical conditions, disabilities or specific requirements of your child if known.

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Medication *Please list any medication your child does or may require.*

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Your child's doctor

Doctor's telephone number

Permission for emergency medical treatment

In the event of an accident or a serious illness, it is necessary to obtain the parent's consent for any emergency medical treatment deemed necessary by a medical officer. Your consent is needed below.

I consent to my child,.....(on the recommendation by a medical officer), receiving operative or other treatment, including the administration of an anaesthetic and being medically examined.

Any special considerations should be recorded on the reverse of this form (for example, your child may have a specific blood type or may be unable to receive blood transfusions).

Signature of parent/guardian/carer

.....Date.....

Your child's needs

Does your child have needs in any of the following?

Toileting Help when Menstruating Has nappy or incontinence pad

General hygiene Bowel problems Requires help after visiting the toilet

Getting dressed Zips and buttons on clothes Shoe laces Feeding

Drinking Special dietary needs Walks independently

Requires help when walking

Requires use of wheelchair/buggy/other equipment

Please provide details

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.....

In terms of communication, would you consider your child's speech to be...?

Good? Poor? Uses Pecs Uses Communication Aid

Has Hearing Aids / implants Uses Makaton

Please provide details of any special sounds, words, communication aids or techniques your child uses to Communicate

.....
.....
.....

Your child's behaviour

Would you consider your child to have challenging behaviour?

Yes No

If you ticked 'yes' please tick all the appropriate boxes below...

	Self	Others	Children
Physically aggressive towards...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally aggressive towards...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shouts and swears towards...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temper tantrums towards...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	
Runs away?	<input type="checkbox"/>	<input type="checkbox"/>	
Wanders off?	<input type="checkbox"/>	<input type="checkbox"/>	
Withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>	
Vulnerable?	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide brief details if relevant, or advice on how to manage any challenging behaviour:

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Your child's preferences

So that we can get a picture of your child's preferences please complete this table

	Really likes	Likes	Dislikes	Really dislikes	Don't Know
The cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theme parks/fun fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoos/farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft play areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are any activities not specified that your child particularly likes or dislikes or any additional information you think we should know about, please list below

.....

How would you classify your child's swimming ability?

Non-swimmer Requires Swimming Aids 25 metres 50 metres
 100+ metres

Important note to parents/guardians/carers

It is the responsibility of the parents/guardians/carers to safely escort their children to and from the agreed meeting places and to be contactable in an emergency.

Please note that under 16s are not acceptable as escorts and under 18s only by prior notification. Please note also that support is not always one to one.

I have read the above notes and agree to the terms;

I give permission for my child to be photographed/filmed during sessions and for photographs/footage to be used in future publicity by Signposts Yes? No?

I give permission for my child to travel in appropriate transport provided by the project – this may include taxi's, mini-bus's, coaches, staff cars Yes? No?

I have read and understood all of the above information and have clearly identified the requirements of my child for taking part in the activity.

I give permission for the child named in this form to take part in the activity:

Signed

Print

Date

Return this form to:
Ruth Paterson
Super Stars Project
Signposts
58 Regent Road
Morecambe
LA3 1TE

Please be assured that all information will be kept in accordance with the Data Protection Act. Information will only be shared with professionals who cater for your child's welfare.