



For children and young people with additional support needs.
19 Broad Street, Alloa, Clacks FK10 1AN

REGISTRATION FORM

SECTION A: SERVICE USER'S DETAILS

Name:

Date of Birth: Age: Male/Female

Address:

.....

..... Post Code:

SECTION B: PARENT/CARER DETAILS

Primary Parent/Carer Name:

(This is the parent/carer who will be our first contact, and who will receive all correspondence by default)

Relationship to Service User

Address:

.....

..... Post Code:

Telephone Number (Home): Mobile:

Email Address:

Secondary Parent/Carer Name:

Relationship to Service User

Address:

.....

..... Post Code:

Telephone Number (Home): Mobile:

Email Address:

Would you like correspondence to be directed to both the primary and secondary parent/carer? Yes / No
(Please only select yes if parent/carers live at separate addresses).

SECTION C: SERVICE USER'S MEDICAL HISTORY

DOCTOR/GP DETAILS

Doctor Name

Surgery Address:

Telephone Number:

CURRENT MEDICAL CONDITIONS AND ALLERGIES

Current medical condition(s):

.....

Nature of additional need:

.....

.....

.....

.....

Current allergies (food, medical or other):

.....

MEDICATION REQUIRED AT PLAY ALLOA

(Details in writing must be supplied indicating the medication, dosage, how and when it is to be administered. Only prescribed medication can be administered by Play Alloa staff.)

Name of medication:

How and when is it to be administered:

.....

SECTION D: EMERGENCY CONTACT DETAILS

Please provide the contact details of two individuals who can be contacted if we are unable to contact either parent/carer.

(1) Name:

Relationship to service user:

Address:

.....

..... **Post Code:**

Telephone Number:

(2) Name:

Relationship to service user:

Address:

.....

..... Post Code:

Telephone Number:

SECTION E: INVOLVEMENT WITH OTHER AGENCIES

Please note that no other agency will be contacted regarding the service user without your permission.

Social Worker:

Educational Psychologist:

School Attended:

Other:

SECTION F: MANAGEMENT OF THE SERVICE USER

General Behaviour:

.....

Supervisory Needs:

.....

Mobility and Travel:

.....

Speech and Communication:

.....

Toileting:

.....

Feeding:

.....

Dressing:

.....

Swimming Ability:

.....

Play Interests:

.....
Any other information:
.....

SECTION G: CONSENT DECLARATIONS

Please put a cross in the boxes you DO NOT agree with.

- I consent to any emergency medical/dental treatment that my son/daughter may require during his/her time at Play Alloa.
- I undertake to inform the Project Manager as soon as possible of any changes in the medical circumstances of my son/daughter.
- I understand that Play Alloa staff can only administer prescribed medication and only with my written consent.
- I will inform the Project Manager of any changes that may require a decision about the continuing placement of my son/daughter.
- I give permission for my son/daughter to participate in all activities relating to the Play Alloa programme, both in and out of the premises, providing such activities are appropriately supervised by a member of Play Alloa staff.
- I consent that photographs/videos may be taken of my son/daughter and used to promote Play Alloa.
- I understand that Play Alloa cannot be held responsible for any loss or damage to personal items. Play Alloa will, however, take all reasonable precautions to prevent theft or damage to personal property.
- I have received a copy of Play Alloa’s Parent Handbook and agree to the terms and conditions in it.

Parent/Carer Signature: Date:

Please now complete the short monitoring form on page 6

**If you have any questions please don’t hesitate to contact:
Maria Malcolm, Play Alloa Project Manager**

Play Alloa Office Address: Play Alloa, 19 Broad Street, Alloa, Clacks FK10 1AN

Email: maria@playalloa.co.uk | **Tel:** 01259 721511

Website: www.playalloa.co.uk | www.facebook.com/playalloa

SECTION H: SERVICE USER'S VIEW

This section should be completed by the service user, if possible.

Hobbies/Interests:
.....

Favourite Colour:

Favourite Food:

Favourite Singer/Group:

Favourite TV Programme:

Favourite Sport: (to play) (to watch)

Pets:

Best Friend:

Other adults in my life e.g. grandparents, aunts, uncles etc:.....
.....

Favourite Means of communication (speaking, sign, writing, drawing etc):
.....

Any other comments relevant to you attending Play Alloa that you would like us to know about:

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

Play Alloa Monitoring Form 2017

We are increasingly asked by funders to provide the demographic details of our service users for monitoring purposes; this form is to help us to provide the most accurate information we can. The information will also help us to understand who is using our services. The information you provide below is anonymous and will not be stored with any identifying information about you. All personal details are held in accordance with the Data Protection Act 1998. You are not obliged to complete this form, but it would be *really* helpful if you did.

Please complete this form on behalf of your son or daughter who uses Play Alloa's services (1 per child if you have more than 1 child using our services). Thank you

Service/s used (please ✓ all that apply):

Saturday Group (Alloa)	Youth Club (Thursday Evenings)
Saturday Group (Tillicoultry)	Toddler Group (Monday/Wednesday)
Senior Group (Monday Evenings)	Parent/Carer Support Group/Workshops
Adult Day Session (Tuesday)	Holiday Play Schemes
Adult Day Session (Thursday)	Befriending

Category	Please ✓ this column	Category	Please ✓ this column
Ethnic background		Disability	
White		Autism	
English/Scottish/Welsh/Northern Irish		Asperger Syndrome	
Irish		Down's Syndrome	
Gypsy or Irish Traveller		ADHD	
Other White (please specify below)*		Speech & Language Delay	
Mixed / Multiple ethnic groups		Global Learning Delay	
Mixed ethnic background		Cerebral Palsy	
Asian / Asian UK		Hearing & Visual Impairment	
Indian		Mobility Issues	
Pakistani		Epilepsy	
Bangladeshi		Other (please specify below)*	
Chinese		Prefer not to say	
Other Asian (please specify below)*		Religion or belief	
Black/African/Caribbean/Black UK		No religion	
African		Christian	
Caribbean		Buddhist	
Other Black (please specify below)*		Hindu	
Other ethnic group		Jewish	
Arab		Muslim	
Other (please specify below)*		Sikh	
Prefer not to say		Other religion	
Gender		No religion	
Male		Prefer not to say	
Female			
Age		*Other Ethnicity _____ *Other Disability _____	
0 – 5 years			
5 – 12 years			
12 – 16 years			
16 – 24 years			
24 years +			

Thank you for completing this form

Please hand your completed form into the office, your session coordinator or send it by post to: Play Alloa, 19 Broad Street, Alloa, Clacks, FK10 1AN.

If you have any questions or would like help completing the form, please contact Play Alloa on 01259 721511 / admin@playalloa.co.uk