

# REGISTRATION FORM



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*This form must be completed by/for anyone who wishes to participate in InterAct's activities.*

*We may contact you for further information, or to clarify any details on this form, if we need to.*

To give us a clear picture of everyone as an individual, please attach a copy of your One Page Profile or 'All About Me' sheet, if you have one. If you do not have this, we may be able to arrange to help you put one together.

Please tick as appropriate:

I have attached a One Page Profile     I would like some help completing a One Page Profile

## CONTACT DETAILS

Young person's name		Gender		Attach photo here
How did you hear about InterAct?		Date of birth		
Young person's address				
School or college		Doctor's surgery name		

## PARENT/CARER CONTACT DETAILS

Parent/Carer Name		Relationship	
Home phone number		Mobile phone number	
Email address			
<b>Preferred method of contact:</b> Home phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Email <input type="checkbox"/>			
Are you completing this form for a Looked After young person (Child in Care)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, please include Social Worker's contact details		Name:	
Telephone:		Email:	

## EMERGENCY CONTACT INFORMATION – preferably in addition to the numbers given above

Name		Relationship	
Phone No		Mobile no	
Name		Relationship	
Phone No		Mobile no	

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**SUMMARY OF NEEDS - *Please continue on a separate sheet if necessary***

Please give a brief summary of any disability or difficulties (please also see tick list on Page 3)

What support structures and strategies are used? e.g. routines, or any urgent actions we may need to take. (Further details are required in the Individual Risk Assessment)

Please give details of any moving/handling needs, personal care needs, need for special equipment/adaptations &/or any communication support needs (further details may be requested)

Please give details of any specific health issues such as epilepsy, asthma, diabetes or food allergies/intolerances

If the young person has epilepsy, please give date of the last seizure, how often they occur, triggers and what to do if one occurs:

Does the young person carry any medication? If yes, please explain what this is, what it is for and how it is managed (e.g. self-administered or any assistance that may be required)?

**Personal Goals:** (In young person's words if at all possible)  
What would you like to achieve by participating in InterAct's activities (e.g. skills, independence)?

Other comments/information we should know (including particular projects/groups young person would like to join)?

**CONSENT TO ACTIVITIES AND PHOTOGRAPHS**

(Please note Parent/Carer is required to complete this section for young people under 18 years old, and for adults lacking Mental Capacity.)

I am applying to take part in InterAct's activities and events.  
InterAct produces a range of resources to demonstrate the difference our work is making. We like to share the experiences of real people who are using our services in our communications as it helps to illustrate what we do.

Please let us know whether you give consent to InterAct to use photographs, feedback, case studies etc:  
*(Please delete as appropriate)*

**Internal record-keeping & reports**.....**Yes/No**

**Marketing purposes** (in newsletters, reports, leaflets, activity programmes etc).....**Yes/No**

You can choose to have your name published or remain anonymous (in which case, we will use an alias)

I am happy for my name to be used.....**Yes/No**

Signed..... Name.....

Date.....

Relationship to young person.....(if appropriate)

# REGISTRATION FORM

**MONITORING** - We are required to gather the following information for our funders:

**Ethnicity** Please tick (✓)

White British	White Irish	Other White	Traveller (Irish Heritage)	Gypsy/Roma	Mixed White & Black Caribbean	Mixed White & Black African	Mixed White & Asian	Other Mixed Background	Prefer not to say
Indian	Pakistani	Bangladeshi	Chinese	Other Asian Background	Black Caribbean	Black African	Other Black Background	Other Ethnic Group	

**PRIORITY GROUPS, DISABILITIES AND OTHER NEEDS**

**Please tick ONE square box below** to tell us which one of the areas printed in large bold text, and numbered 1-4 is the where you have the **most** difficulty.

Please also tick the smaller circles in each section (*describing any needs/difficulties which apply to you*), to give us more detail:

**1. Cognition & Learning**

- Learning disability/difficulties - please indicate:  moderate  severe  complex
- Dyslexia
- ADHD

**2. Communication & Interaction**

- Autistic Spectrum Disorder (ASD)
- Asperger's Syndrome
- Speech, language and communication difficulties

**3. Social, Emotional, Behavioural & Mental Health**

- Social, emotional and behavioural difficulties
- Emotional/mental health needs

**4. Sensory and/or Physical Needs**

- Physical disability or difficulties with mobility
- Wheelchair user
- Visual impairment
- Hearing impairment
- Dyspraxia
- Medical/health needs
- Sensory issues (e.g. hypersensitivity to light, sound, touch or smell)

**Other needs/priority groups**

- Child on a Child Protection Plan
- Looked After Child / Child in Care
- Child with Child in Need Plan
- Young Carer (child/young person in a caring role)

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InterAct

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## Data Protection

### Data Privacy Statement

The personal and sensitive information you have provided will be held by the charity for the sole purpose of providing services and supporting children, young people and families. We may be required to share this information with our funders so that we can provide the services you have asked for.

### Consent

By signing this form you are confirming that you have read this Data Privacy Statement and that you are consenting to InterAct holding and processing your data for the purposes detailed above. (Please note Parent/Carer is required to complete this section for young people under 18 years old, and for adults lacking Mental Capacity.)

Signed: ..... Name: ..... Date: .....

Relationship to person: ..... (if required)

InterAct complies with the Data Protection Act and General Data Protection Regulation (GDPR) (EU)

### What is personal and sensitive data?

Personal data is data which can be used to identify you. This may include your name, school, date of birth, address, the name of a parent or carer, and their contact details.

Sensitive data includes information related to racial or ethnic origin, and health.

### Data Controller

For the purposes of the Data Protection Act InterAct is the Data Controller.

A Data Controller is someone who is responsible for your data and who must make sure that your data is processed according to law. If you want to find out what information InterAct holds about you, or to correct some information please contact InterAct via [mail@interact.org.uk](mailto:mail@interact.org.uk).

### Who will you share my personal and sensitive data with?

We will only ever share your information with your permission, for the purposes we have stated (unless required to do so by law).

### Withdrawing Consent

You may withdraw permission for your data to be shared at any time by putting this request in writing to:

InterAct, Moulsham Mill, Parkway, Chelmsford, Essex CM2 7PX or emailing: [mail@interact.org.uk](mailto:mail@interact.org.uk)

Should you choose to withdraw consent this may result in InterAct being unable to provide the services you have requested, due to our inability to meet the requirements of our funders.

### Data Retention

Data will be retained in line with InterAct's Data Retention & Destruction Policy.

# INDIVIDUAL RISK ASSESSMENT

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



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**RISK ASSESSMENT – This should be completed by a Parent, Carer or other responsible adult**

*InterAct has a duty of care to ensure that we have full information about the possible risks to the people we support, and/or any risks to others, so that everyone can participate and be supported safely, whatever their age.*

**Someone who knows a person well (e.g. a parent, carer, teacher, tutor or key worker) needs to complete the following information as accurately and honestly as they can.**

Please indicate the person's ability/awareness/understanding of the following (if known):

	Poor	Low	OK	Good	Comments
Road safety awareness					
Ability to travel on public transport					
Awareness of other safety issues when travelling or in public places					
Awareness of risks from approaches from other individuals ('stranger danger')					
Awareness of other dangerous situations					
Ability to take responsibility for cash /valuables/personal items and information					

Please indicate from your knowledge of this person's history any evidence of the following:	Risk to self (✓)		Risk to others (✓)	
	YES	NO	YES	NO
Self-harm				
Verbal aggression				
Physical aggression				
Inappropriate social behaviour (sexual)				
Inappropriate social behaviour (other)				
Substance/alcohol/drug abuse				

If you have answered YES to any of the above, please give more information e.g. main triggers for this behaviour, and details of any strategies to be used and/or any behaviour management plan, or other support in place:

Please give details of any other potential concern regarding this person which has not been noted above (please continue overleaf, or on a separate sheet, if necessary)

<b>Name of person completing this risk assessment</b>		<b>Signature</b>
<b>Role/Relationship to person</b>		<b>Date</b>

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**IMPORTANT – What you must do if there are any changes in your personal details or other information**

InterAct needs to maintain accurate and up-to-date records of those who use our services, in order to provide safe and effective support.

It is **your responsibility** to inform us in writing of any changes that occur after a Registration Form has been submitted.

We will then update the information we hold.

This will include any changes to:

- Your address
- Home phone number
- Your mobile phone number
- email address
- Parent/carer contact details
- Emergency contact names or phone numbers
- Support needs
- Health issues – allergies, asthma, epilepsy, medication etc.
- Behaviour or other Risk Assessment issues

Please sign below, to confirm that you have understood that you need to do this.

**Responsibility to provide accurate and up-to-date information**

(Please note Parent/Carer is required to complete this section for young people under 18 years old, and for adults lacking Mental Capacity.)

I confirm that I am providing accurate and up-to-date information now, and understand that I am responsible for informing InterAct of any changes which may occur in the information I have provided.

Signed..... Name: .....  
Date: .....

Please return the completed Registration Form to:  
***Young People’s Services, InterAct, Moulsham Mill, Parkway, Chelmsford, Essex, CM2 7PX***

## Important information- please retain this page

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- Support needs
- Health issues – allergies, asthma, epilepsy, medication etc
- Behaviour or other Risk Assessment issues

### **Contact details:**

InterAct Young People's Services

**Address:**

InterAct  
Moulsham Mill  
Parkway  
Chelmsford  
Essex CM2 7PX

**Email:** [youngpeopleteam@interact.org.uk](mailto:youngpeopleteam@interact.org.uk)