

# Easter Activity Days 2021

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

## 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.
- For virtual events children remain the responsibility of the adult in the physical space with them
- 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 other activities. 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 time.
- We cannot accept an application unless we have also received payment
- **i** Applications can **ONLY be sent by EMAIL** this year
- **All places will be allocated and confirmed AFTER the closing date**
- We will confirm places **by email ONLY** including full details a map to venue.
- **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.

Please read all the information here, and on the Newsletter, BEFORE applying

**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 Georgina  
Email: [georgina@afso.org.uk](mailto:georgina@afso.org.uk) ☎ 07947 349655 (Tuesday or Thursday) or answer phone

### How to complete the Application Form

- **i** This Application Form must be sent to us by email to: [georgina@afso.org.uk](mailto:georgina@afso.org.uk)  
Either type into the form, OR hand write and take a clear photo or scan of the form – ensuring all details can be read, and email it to us as an attachment.

### How to pay

You can **only** pay by bank transfer/online banking. 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 Easter21** e.g *John Smith Easter21* (so we can identify payment)

### 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 2021

Please type OR write clearly using black or dark blue ink

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

## Details of the child

|  |               |           |        |  |
|--|---------------|-----------|--------|--|
| Name of Young Person                       |               |           | Gender |  |
| Age  | Date of Birth | Diagnosis |        |  |
| Are they aware and accepting of diagnosis? |               |           |        |  |
| School/College                             |               |           |        |  |

## Contact Person (Parent/Guardian)

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


## List TWO other people who can be contacted in an emergency.

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?   |  |
| What are your child's particular <b>interests/hobbies</b> ?  |  |
| Please tell us of any <b>medication</b> or <b>health issues</b> (e.g. allergies, medication, asthma, epilepsy):  |  |
|  |  |
| Will medication need to be taken <b>whilst</b> attending our activity? If YES, we will contact you about your application and a medical consent form must be completed |  |
| Please describe any difficulties with <b>communication</b> :   |  |
|  |  |
| <b>Potential Risks</b>   |  |
| Does your child abscond from settings or people (i.e. school, home, groups, etc)?  |  |
| If YES please give details and explain how staff should manage the situation if it arises.   |  |
|  |  |
| Is your child physically or verbally aggressive?   |  |
| If YES please give details and explain how staff should manage the situation if it arises.   |  |
|  |  |
| Does your child self-harm?   |  |
| If YES please give details and explain how staff should manage the situation if it arises.   |  |
|  |  |

|   |
|---|
| Please describe any other <b>difficulty/challenging behaviour</b> 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 will attend over Easter.                               |
|                           |
| Is there any additional information regarding your child we should be aware of?                           |
|   |

### Parental Agreement

| <b>Photography and Film</b> 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, and our partner organisations.  | <b>Any comments:</b>   |     |                 |                          |   |                          |  |                          |                   |                          |   |
|---|--|-----|-----------------|--------------------------|---|--------------------------|--|--------------------------|-------------------|--------------------------|---|
| <b>Medical Information.</b> 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.  | <b>Any comments:</b>   |     |                 |                          |   |                          |  |                          |                   |                          |   |
| <p><b>Please Note the following:</b></p> <p><b>Use of Physical Intervention</b></p> <p>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. <b>Please contact us with any information, medical or otherwise, about your child and the use of physical interventions, if necessary.</b></p> <p><b>Use of Data.</b> 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.</p> |  |     |                 |                          |   |                          |  |                          |                   |                          |   |
| <p><b>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.</b></p> <p>Please tell us your family employment status:</p> <table border="1"> <thead> <tr> <th>'x'</th> <th>Is your family:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Single parent family where the parent is working at least 16 hours per week</td> </tr> <tr> <td><input type="checkbox"/></td> <td>In employment working at least 24 hours per week, with one parent working at least 16 hrs per week</td> </tr> <tr> <td><input type="checkbox"/></td> <td>None of the above</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Would this booking provide childcare that is essential for any family employment?</td> </tr> </tbody> </table>   |  | 'x' | Is your family: | <input type="checkbox"/> | Single parent family where the parent is working at least 16 hours per week | <input type="checkbox"/> | In employment working at least 24 hours per week, with one parent working at least 16 hrs per week | <input type="checkbox"/> | None of the above | <input type="checkbox"/> | Would this booking provide childcare that is essential for any family employment? |
| 'x'   | Is your family:  |     |                 |                          |   |                          |  |                          |                   |                          |   |
| <input type="checkbox"/>  | Single parent family where the parent is working at least 16 hours per week                        |     |                 |                          |   |                          |  |                          |                   |                          |   |
| <input type="checkbox"/>  | In employment working at least 24 hours per week, with one parent working at least 16 hrs per week |     |                 |                          |   |                          |  |                          |                   |                          |   |
| <input type="checkbox"/>  | None of the above  |     |                 |                          |   |                          |  |                          |                   |                          |   |
| <input type="checkbox"/>  | Would this booking provide childcare that is essential for any family employment?                  |     |                 |                          |   |                          |  |                          |                   |                          |   |

### Do you wish to apply for Inclusion Support Scheme (Short Breaks) for Disabled Children and young people?

| Yes  | Complete questions below  | No                       | Move onto the next page  |
|--|---|--------------------------|--------------------------|
| <input type="checkbox"/>   | What benefits do you currently receive? Please list:<br><i>e.g. Universal Credit, housing benefit</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Do you also receive DLA/PIP? Carers Allowance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Do you claim from this fund for any other activities? If so, please list                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><b>Please note that in order to submit an application on your behalf we have to share your details with Oxfordshire County Council for the purpose of the grant application only.</b></p> |   |                          |                          |

## Requested Activities

For Actual sessions: *Please book between 1 - 3 actual sessions*

| Date   | Preferred drop off/collection<br>(Please 'x' or if you do not have a preference please leave blank) |  | Booking Fee | To BOOK please enter the fee here |  |
|--|---|--|-------------|-----------------------------------|--|
| <b>Week 1 – Juniors</b><br>(8 – 12 year olds)  | <b>10am/2:45pm</b><br>'X' or leave blank  | <b>10:15am/3pm</b><br>'X' or leave blank |             |                                   |  |
| Weds 7 <sup>th</sup> April   |   |  | £20         | £                                 |  |
| Thurs 8 <sup>th</sup> April  |   |  | £20         | £                                 |  |
| Fri 9 <sup>th</sup> April  |   |  | £20         | £                                 |  |
| <b>Week 2 – Seniors</b><br>(13 – 17 years olds)  | <b>10am/2:45pm</b><br>'X' or leave blank  | <b>10:15am/3pm</b><br>'X' or leave blank |             |                                   |  |
| Tues 13 <sup>th</sup> April  |   |  | £20         | £                                 |  |
| Weds 14 <sup>th</sup> April  |   |  | £20         | £                                 |  |
| Thurs 15 <sup>th</sup> April   |   |  | £20         | £                                 |  |
| <b>Virtual Activities</b>  |   |  |             |                                   |  |
| Tues 6 <sup>th</sup> April<br>Crocodiles of the World  | 10 – 11am   |  | £5          | £                                 |  |
| Tues 6 <sup>th</sup> April<br>Relax Kids - Girls Only  | 1:30pm – 2:30pm   |  | £5          | £                                 |  |
| Mon 12 <sup>th</sup> April<br>Baking   | 10 – 11am   |  | £5          | £                                 |  |
| Mon 12 <sup>th</sup> April<br>Relax Kids for all   | 1:30pm – 2:30pm   |  | £5          | £                                 |  |
| Weds 14 <sup>th</sup> April (8-12s only)<br>Rutherford Appleton Laboratory   | 2pm – 3pm   |  | £5          | £                                 |  |
| <b>Please enter TOTAL</b>  |   |  |             | £                                 |  |
| <b>Payment</b>   | <b>By Bank transfer:</b><br>Enter the date payment was made   |  |             |                                   |  |
| If you are applying for funding via the Inclusion Support Scheme (Short Breaks) for Disabled Children and Young People please pay at least 10% of the total and we will submit the application. If the application is unsuccessful we will advise you. |   |  |             |                                   |  |
| Signed   |   | Relationship to child                    |             |                                   |  |
| Name (printed)   |   | Date                                     |             |                                   |  |

Please return this form by email to: [georgina@afso.org.uk](mailto:georgina@afso.org.uk)