



## Splash Annual Consent Form April 2021-March 2022

Date Received:
Entered on MIS:
For office use only:

<b>Name of Young Person</b>		<b>Date of birth</b>		<b>Age</b>	
<b>Address</b>		<b>School</b>		<b>Gender of young person</b> i.e. Male, Female, Transgender	
<b>Ethnic Origin</b> (Please state) <small>We use this information to ensure we are reaching underrepresented groups</small>			Please give details of any other agencies working with this young person		
<b>Parent Details</b>					
<b>Name:</b>		<b>Contact no</b>			
		<b>Email address</b>			
<b>Why are you nominating this young person?</b>					
Please include all useful information which will enable us to ensure the young person receives adequate support during activities					
<b>Strengths:</b>	<b>Challenges:</b>	<b>Any personal issues we should be aware of:</b>	<b>Reactive behaviours or potential risk to themselves or others:</b>		
<b>Do not place with details:</b> (details of YP not be on activities with)					
<b>Can the young person swim 25metres confidently</b>	<b>YES/NO</b>	<b>Can the young person confidently and safely ride a bike</b>	<b>YES/NO</b>		
<b>REFERRAL CATEGORY INFORMATION – Please indicate in ALL boxes that apply</b>					
<input type="checkbox"/> A. Parent in Prison	<input type="checkbox"/> B. Parent/ YP Mental Health Issue	<input type="checkbox"/> C. Behaviour difficulties	<input type="checkbox"/> D. Non/poor/ reluctant school attendee		
<input type="checkbox"/> E. Statement of SEN/Learning Difficulties/ASD/ADHD/Aspergers	<input type="checkbox"/> F. Emotional Difficulties	<input type="checkbox"/> G. Child protection plan/issue	<input type="checkbox"/> H. Children looked after (in care)		
<input type="checkbox"/> I. Free school meals	<input type="checkbox"/> J. Young Carer	<input type="checkbox"/> K. Victim of bullying/ crime/physical/ mental abuse			
<b>Is the young person a Housing Association resident?</b>	<input type="checkbox"/> Green square	<input type="checkbox"/> Aster	<input type="checkbox"/> Radian	<input type="checkbox"/> Selwood Housing	<input type="checkbox"/> Cottsway
					Other (please state)



Please send completed forms to: [info@splash-wiltshire.org.uk](mailto:info@splash-wiltshire.org.uk)  
 Splash Wiltshire, Unit C2, Beacon Business Centre, Hopton Park, Devizes, SN10 2EY



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### SPLASH CONSENT to be completed by a Parent/Guardian

In signing this document, I declare that:

#### COVID-19 prevention related consent:

- I appreciate that it is not possible to consider every possible complication of COVID-19 however I have had the opportunity to ask questions about procedures and practises adopted by Youth Action Wiltshire and understand the precautions YAW have put in place which includes wearing face coverings on YAW transport and during indoor activities. A full list of COVID 19 prevention measures can be found at [www.communityfirst.org.uk/coronavirus/](http://www.communityfirst.org.uk/coronavirus/)
- I consider my child/my ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change.

#### General consent:

- I agree to ensure my child/ward will behave in a responsible manner whilst in the care of Youth Action Wiltshire and will adhere to all guidance, requests, instructions and safety measures as requested by Youth Action Wiltshire staff and activity partners.
- I consent to my child/ward participating in Youth Action Wiltshire group activities which may include; Arts and Crafts, Animations, Basic Scientific Experiments, Photography, Music, Circus Skills, Cookery, Wildlife Investigation, including; Shelter Building and Orienteering, Adventure Sports, including; Fencing, Climbing, Mountain Biking, Archery, Rifle Shooting, Navigation, Multi-Sports, problem solving and escape rooms, Conservation activities, including; litter picking, coppicing, building bird boxes and planters using hand tools and building and lighting campfires.
- I am aware that some activities may involve an element of risk and am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged.
- I understand that all activity providers hold valid public/products and property owner's liability insurance which covers the activities. However, it does not provide cover for personal accidents or loss of personal belongings.

**If you wish to take out personal accident or personal belongings insurance for individual young people you must make your own arrangements.**

Does this young person have any pre-existing medical conditions, food allergies or intolerances?	<b>YES/NO</b>  Details:	Will the young person need to take medication during the project?	<b>YES/NO</b>  Details:
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#### Please tick to consent to the following:

- In the event of an emergency I agree to my child/my ward receiving medication and any emergency dental or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.
- I understand that Splash, Community First and their partners reserve the right to use digital footage or photographs of young people participating in Splash activities for publicity, promotion and press purposes, including the internet.
- I agree to Community First and Splash retaining the personal information detailed on this document so that they may contact me in the future regarding positive activities in Wiltshire and from time to time keep me updated with news from across the Community First services.

Following organisational assessment of risk to both the individual and other vulnerable young people accessing our services, Community First reserve the right under the Exceptions Order of the Rehabilitation of Offenders Act to refuse participation in our services for individuals if there is compelling evidence that there exists a risk of the individual causing harm to the public, staff team or children or young people accessing our services. This includes young people under investigation of or convicted of a specified offence for the purposes of section 224 CJA 2003.

Is the young person under police investigation or have any unspent criminal convictions?	<b>YES / NO</b> Details:
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Community First embraces equality legislation, the Equality Act 2010 protects children, young people and adults against discrimination, harassment and victimisation in relation to housing, education, clubs, the provision of services and work. There are nine specific characteristics that are protected which are - disability, marriage/civil partnership, pregnancy/maternity, race, religion/belief, gender, sexual orientation, gender reassignment, age.

The personal information you provide is for the purpose of processing your application for a Splash project; it will not be processed, or disclosed, in any way incompatible with that purpose. In accordance with the principles of the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulations the information may only be disclosed to the Data Subject (yourself) or with your permission. We will however share this information with others for the purpose of processing this nomination and delivery of the project. Please also note this information will be passed on without permission if there is a legal requirement to do so or if there is a risk of harm or threat to life.

Parent/Guardian Name:		Emergency contact Mobile number:	
Parent/Guardian Signature:		Date:	

