



ALL STARS YOUTH SERVICE

YOUNG PERSONS INDIVIDUAL PROFILE

Child's Name:		
What name does the child like to be called:		Date of birth:
Address:		
Postcode:		Telephone number:
Religion:		Ethnicity:
Home Telephone:		Interpreter required: Yes/No (Delete as required)
Parent/Carer(s) names:		
Address:		
Name/Address/Telephone No of GP:		
Child Disability or Special Need (Please give details):		

Other Agencies involved: e.g. Social services/Health visitors/CDT:

Does your child have any medical needs? (E.g. Epilepsy, Asthma, Allergic reaction)
Please specify:

Eating:

Is your child able to feed themselves without supervision: YES/NO

Details -

Do they require any support or intervention with food? YES/NO

Details –

Any details regarding your child's dietary requirements?

Drinking:

Does your child:

Drink unaided: YES/NO

Drink with assistance? YES/NO (Please explain what assistance is required)

Is there any type of drink your child is not recommended or cannot have? YES/NO

If yes, please specify:

Toileting:

Does your child use the toilet: YES/NO?

Does your Child need assistance YES/NO?

Please bear in mind All Stars Youth Club does not offer personal care so staff and volunteers will be unable to support with toileting. If assistance is needed and the child has a PA (Personal assistant/Carer) this is acceptable

Does your child need to be reminded to go to the toilet? YES/NO

If yes, how often?

Communication:

How does your child Communicate?

E.g. Makaton, BSL, Photos, Symbols, PECS

Tick here if N/A:

Comprehension:

a. Has good Understanding: YES/NO

b. Understands key words or phrases: YES/NO

Verbal Skills:

a. Uses single words only (Please explain)

b. Uses gestures/sounds (Please explain)

Activities:

What activities does your child enjoy? E.g. Board games, football, pool etc

Behaviour/Interaction:

Does your child interact well with other children or adults? YES/NO

Does your child have the ability to be part of a group or a group activity? YES/NO

Do you experience any difficulty with your child's behaviour? YES/NO

If yes please give details:

Does your child have an EHCP? YES/NO

If yes, please provide it to us.

Does your child have a Behaviour Plan? YES/NO

If yes, please provide it to us.

Is there anything specific which triggers behaviour?

e.g. Noise levels, Crowded spaces, lights

Please give details: -

How do you deal with any situations that may arise? Give details: -

Mobility:

Is your child able to walk: Aided/Unaided

Does your child need additional support: YES/NO?

If yes, please Specify:

Please give details of any equipment used:

Does your child have awareness of Risk/Danger: YES/NO?

(Please give detail)

Emergency Contact Details

(1) Name:	
Address:	
Postcode:	Telephone No:
Mobile No:	Work No:
Email address:	
Relationship to child:	

(2) Name:	
Address:	
Postcode:	Telephone No:
Mobile No:	Work No:
Email address:	
Relationship to child:	

Declaration:

1. I understand that the All Stars Youth Service staff will take all reasonable steps to ensure the care and safety of my child whilst attending our activities.
2. I have been made aware and understand that under the terms of the Children's Act 1989 any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to formally report this to their line manager and the Area Social services Department.
3. I understand the All Stars Youth Service, or the project cannot be held responsible for unforeseen accidents or loss of property.
4. I agree to inform the All Stars Youth Service cannot be held responsible for unforeseen accidents or loss of property
5. I understand that a record will be kept of my child's details, both on computer and in writing and that these details may be held on the All Stars Youth Service database.

It is essential that you understand and agree to 1-5. Please do not sign if you are unable to agree but contact the centre manager.

Signed: **Parent/Guardian** **Date:**

Signed on behalf of the project:

Child Photograph / Video Consent Form

We would be grateful if you would fill in this form to give All Stars Youth Club permission to take photographs of your child and use these in our printed and online publicity.

I give All Stars Youth Club permission to take photographs and / or videos of my child.

I grant All Stars Youth Club full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of child:

Name of parent / guardian:

Signature of parent / guardian:

Date:

Thanks for taking your time to complete the sign-up form. If there are any issues with the form or if something is not specified, please feel free to let us know.

Many thanks, All Stars Youth Club.

