



Maidstone Mencap Charitable Trust Ltd
 incorporating Cobtree Playschool for Special Children
 Cobtree Hall, Willington St, Maidstone, Kent, ME15 8EB
www.MaidstoneMencap.org
01622 670 464

Maidstone Mencap- Club Provision

Admission Form 2026

Child's First Name(s) as on their birth certificate		Surname:	
Date of Birth:			
Gender born as:			
Address:			
Postcode:			
Disabled child services: District:			
Diagnosis:			
Child's NHS number:			
Religion:		Origin/Language(s)	
Ethnicity:		First Language:	
Name of Parent/Carer 1:		Contact Details: Tel No: Mobile: Work: Email:	
Name of Parent/Carer 2:		Contact Details: Tel No: Mobile: Work: Email:	
Emergency Contact Name :		Contact Details: Tel No: Mobile: Work:	
Relationship to child:			

Doctor's Name:	Tel No:
Address:	
Other Principal carers: (e.g. foster parents, social services, family support worker)	
Name:	
Relationship to child:	
Contact: Tel:	
Email:	
Is there any guardian that should not collect your child from our setting?	
Name:	
Reason:	
Court order details:	

Name of school:
EHCP: if available please include in application
For office:
Child/ young person Unique ref number : KCC core plus

Please give brief details of how diagnosis effects your child and family, and the level of care and support required:

To support our grant application processes and the information required as we submit our bids for funding contributions towards being able to run all our club provisions, please indicate on the chart below, using information from any formal assessment and/or diagnosis/ EHCP the categories that best support your child and their level of need.

Disability category: please highlight all those relevant to support processing records

Disability	Mild	Moderate	Severe	Complex
Mobility				
Fine motor skills				
Personal care				
Toileting				
Physical Health				
Communication				
Learning				
Behaviour				
Social interaction				
Consciousness/seizures				
Cognitive age/abilities				
Visual impairment				
Hearing impairment				

MEDICATION (as per our Policies & Procedures)

Medication given at home:

Parents/Carers **must** keep the management informed of any medication given to the child at home and of any changes to the child's regular medication. The manager must also be informed of any possible side effects of any medication given at home.

Medication administered at Mencap Playschemes:

If medication (routine or emergency) needs to be administered during any Playschemes your written permission, with full instructions about the dosage, must be given to authorise a member of staff to administer the medication.

The manager must be notified in writing of any changes to the medication shown below, also notified of any possible side effects. All medication must be sent in the original container with the dispensing label and instruction leaflet. Over the counter medicines must be supplied in the original purchased container. Instructions on the labels must be clear. All medication must be clearly marked with the child's name and handed to the manager. Please note that your child's medication must be sent in and taken home each day as we will not be able to store it at Cobtree Hall.

Name of Child:	DOB:
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Routine/ Regular Medication

Is your child given routine medication at home?	YES / NO
Please list medications given at home: time: and any possible side effects:	
Will your child need us to administer routine regular medication during Mencap Playschemes between 10am and 4pm?	YES / NO
If you have answered YES you will need to complete a Care plan form to record details of medications to be given. This Form gives trained staff consent to administer the medication. Without the completion of this form your child will not be able to attend our provision.	

Emergency medication

Does your child have medication which we would need to use in the event of an emergency e.g. Diazepam for seizures?	YES / NO
If you have answered YES you will need to complete a ' Emergency Medications ' form which gives trained staff consent to administer the medication. Without this your child, will not be able to attend our provision.	

Allergies

Does your child have any allergies?	YES / NO
Please give full details of any allergies your child may have, how the child is affected and what action should be taken.	

All About your unique child

We are really pleased to be involved with your family in providing care and support whilst at our playscheme. In addition to our management team, who have the responsibility to ensure personal care, any individual specific needs and the interests of each are met, we have the additional support for the children's care from our team 1:1 helpers. Naturally, this can be done much more effectively if we understand what fascinates and interests your child at home and within other environments. It is also equally important to know what your child dislikes or has difficulty with.

Childs Name:

DOB:

Personal social and emotional interactions

E.g. Describe: how confident your child is to try new activities, why they may like some activities more than others. How confident they are in familiar peer groups, how they can play co-operatively, i.e. taking turns with others. How sensitive and aware are they to the needs of others, and how they able to form positive relationships with peers and adults. How confident are they to choose activities, resources or communicate when they need help or not? How do they manage their feelings and behaviour, how do they understand that some behaviour is unacceptable? How are they able to adjust their behaviour to different situations, are they able to take changes to routine in their stride.

If your child already has a behaviour support plan in place, please include a copy with this application. If your child may have any behavioural difficulties, please complete **A behaviour support plan** (a copy can be found on our website.) this will help ensure their happiness and safety whilst in our care.

Communication

Describe how your child communicates, how they express themselves. E.g. do they have clear speech, use sign language, use PECS, have an electronic aid. Do they use gestures or vocalisations? Describe techniques and strategies used to help support everyday their routines and interactions. How are their listening and attention skills, are they able to respond to direction, are they able to respond to questions with relevant actions....?

Any other Information

Please give us as much information as possible to assist us to care for your child and keep them happy and busy. Some of the Staff and Helpers will be meeting your child for the first time.

Please include any specific likes and dislikes

Maidstone Mencap Playschemes

Permissions

Child's Full Name:

DOB:

Photographs

With your permission, we would like to make a photographic records of the children's time at the club.

These photographs will be used for internal display purposes and to share with families the activities of the children. Please sign below to indicate whether you agree to your child being photographed for this purpose.

***I give permission / I do not give permission** for my child being photographed during Mencap Playschemes

Maidstone Mencap Charitable Trust Ltd supports all our clubs by fundraising opportunities and by awareness in our local community. We have our website and social network pages that help towards supporting these goals. Images of the children and young people we provide care, social and leisure opportunities for, can be used to help further the work of Maidstone Mencap.

***I agree/ I do not agree** to photos of my child, with no name, being used for display or publicity purposes, including the website for Maidstone Mencap.

All images taken on or on behalf of Maidstone Mencap Charitable Trust Ltd will be kept in accordance with the key principles as identified under the Data Protection Act. All photographs taken will be suitable and used for the purpose for which they are taken.

Signed Date.....
(parent/carer)

Printed.....

Outings

Various outings may take place during Maidstone Mencap Playschemes, and your signed consent is required for these. Being in the grounds of Mote Park, we would like to have your permission to take the children out within this environment and utilise its facilities for the children's enjoyment as part of our daily routine provision.

Please sign your consent to enable your child to be included on these trips outside of the Cobtree Hall premises.

Signed Date.....
(Parent/ Carer)

Outings and alternative day trips may also be provided as part of the Holiday Playscheme provision. Information and consent forms for these day trips will be sent separately.

Emergency Medical treatment

IN THE EVENT OF ANY EMERGENCY, if I am unable to be contacted personally, I authorise the Manager or person in charge, to sign on my behalf, should any anaesthetic need to be administered to my child and their medical details passed to the appropriate party.

Signed Date.....
(parent/carer)

**It is important that parents/carers keep staff informed and updated of any changes required for their child's medication care plan.
As part of our welfare standards we will ask at regular intervals for care plans to be renewed and signed to ensure information is updated.**

Our managerial and supervisory staff have current first aid training and certificates.

Collection of Children

The Manager must be notified in writing if your child is to be collected by someone other than yourself. Please name below anyone who has your permission to collect your child from us. People unknown to staff will be asked to produce ID and contact with main carer will be sought before the child can leave our care.

PASSWORD: to support the collection of your child when someone other than main carer/s known to staff:

Staff will follow current policies and procedures in the event of late collection of a child.

The following person(s) have my authority to collect my child from Mencap Playschemes

Signed Date.....
(parent/carer)

Privacy Notice - General Data Protection Regulation
Information Sharing

We, **Maidstone Mencap Charitable Trust Ltd** hold personal data about children and families to whom we provide services.

The categories of information that we collect, hold and share include:

Personal information: such as their full name, date of birth, current address and contact numbers.

Characteristics: such as ethnicity, language, nationality, country of birth

Attendance information: such as registers of sessions attendance, number of absences and absence reasons

Assessment information: such as our reflective observations to support the children's learning and our best practices.

Medical Information: such as care plans, administration of medication

Special educational needs: such as learning disability, diagnosis of disability, disability category, care plans and behavioural plans.

Parental Declarations.

We collect and use this data:

To comply with the law regarding data sharing

To assess the quality of our services

To provide appropriate pastoral care

To monitor and report on children's progress and learning>

We comply with Article 6 1c and Article 9 2b from the GDPR.

We collect data under section 537A of the Education Act 1996 and section 83 of the Children's Act 1989.

We receive financial support from a commissioning grant, from Kent County Council (KCC) Disabled. Part of the Grant Agreement is that we are asked to share information with Disabled Children's Services. The purpose of sharing this information is so KCC are able to know the number of children who receive a short break and the number of hours that are provided. This information then helps in the planning of services needed in the following year.

We are also required under the terms of our Grant Agreement to participate in a local Provider Forum.

We share this information to ensure that the services provided in the locality meet the needs of disabled children and their families in the parent driven charity area.

Personal information of children and young people attending our service provision is stored securely for up to 50 years (to include name, date of birth, home address)

Registers of attendance will be kept for three years after the child/young person leaves our service provision.

For further information please ask for a copy of our Policies and Procedures - Data Protection, Safe record keeping, our Guide to retention of records, our Privacy Notices and Safeguarding.

I DO / DO NOT give permission for **Maidstone Mencap Charitable Trust Ltd** to share information during inspections with officers from the KCC representing the Disabled Commissioning Services, from whom the provision receives funding. Information shared could be for monitoring purposes or for analysis feedback of the service we are providing.

Signed Date.....

Printed.....

For office use:

Registration formats completed:

contact password dates

register

Medication formats completed
Emergency seizure completed
Allergy

care plans submitted
emergency plan submitted
information plan completed

Key Master
Key Master
Key Master

Behaviour plan

Plan submitted

Key Master

Permissions completed

consents noted

Key Master

Notes: