

Thank you for your interest in joining PACSO!

Please complete the enclosed Profile form/s and return to the PACSO Office, along with the £10 admin fee per child/young person to register with PACSO. Once we have the forms returned and the fee has been paid you will be added to our database and will then receive information about upcoming activities. Please see our leaflet or website for details of all the activities we offer for children & young people 0-25. Advance booking is required for most of our sessions as spaces are limited. Booking is first come first served. After the booking deadline we will confirm places. If you have not paid already, then places are provisional until we receive payment. Please contact us for more information about setting up a payment plan to pay in instalments.

To ensure you don't miss out on anything, please complete the contact details carefully. We communicate via email and text, so please provide this information and update us if it changes. You might want to 'Like' us on Facebook for more updates! Search 'PACSO Charity' to find our page.

If you have any questions about the forms or the activities we offer, please don't hesitate to contact us.

Membership Policy

PACSO is a membership organisation, whereby the Board is elected by and accountable to a wider body of ordinary members.

Who can be a member of PACSO?

1. Families who have a child with a disability (0-25 years) who live in the Chichester or Arun districts of West Sussex.
2. PACSO staff who have a child with a disability (0-25 years) who live in the Chichester or Arun districts of West Sussex.
3. Other individuals, aged 18 or over, who have an interest in supporting families who have a child with a disability, and who has skills that could benefit PACSO.

How much does it cost to become a member of PACSO?

1. From 1st April 2020, we introduced a £10 admin fee per child/young person (including siblings) to register with us. If you wish to attend a taster session first, please contact us. To pay the fee by BACS, our details are:
Sort Code: 40-52-40 Account No. 00022800
 - Parent carers are required to complete a Profile Form for each child/young person with a disability, and a Sibling Profile Form for each child without a disability who would like to attend PACSO activities.
 - Upon completion of the Profile Form/s and payment of the £10 fee per head, they will be registered with PACSO and will then be entitled to apply for places at PACSO clubs and activities (subject to criteria).
2. Places at PACSO activities will **not** be granted to members who have not completed an up-to-date Child Profile form – forms must be updated every year, but it is the member's responsibility to keep us informed of any changes to their child's medication, diet etc.

What are PACSO members entitled to?

1. Members can attend the Annual General Meeting, and have the power to take certain fundamental decisions, such as making changes to the constitution and dissolving the organisation. They also elect Board members.
2. Members who have a child with a disability may apply for a place for their disabled child and any siblings (aged 5-18) at PACSO clubs and activities.
3. Members may apply for a place for their family at PACSO family fun days and events.

Cancelling Membership

1. Members may cancel their membership at any time by contacting the PACSO Office.
2. Upon receipt of a request for cancellation, the member's details will be removed from our Database in accordance with the terms of our Data Retention Policy.
3. Any outstanding invoices owed to PACSO will be immediately payable upon receipt of any request to cancel membership.
4. The PACSO Trustees reserve the right to cancel membership of any individual who is found to pose a threat to other members or to any child attending PACSO.

PACSO Employees

1. PACSO Employees may become a member of PACSO, providing that they have a child with a disability (0-25 years) and live in the Chichester or Arun districts of West Sussex.
2. PACSO staff are not entitled to cast a vote at the AGM.
3. PACSO staff are not able to serve as a Trustee because of the potential risk of a conflict of interest.

Emma Kennedy

PACSO CEO with Play Lead

Last updated: 12/03/20 (V1.4)

PHOTO

Please provide PACSO with a photo of your child/ young person.

This form is **vital** for PACSO staff.

Please be **really clear & honest** in your answers, and give as much information as you can, so we can meet your child/young person's needs and provide them with the care they require. **Please contact us ASAP if anything changes.**

Child/Young Person's Name			
Date of Birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Disability (If no formal diagnosis then please explain their needs)			
School/College			
Sibling/s Name/s			

Ethnicity	White	British <input type="checkbox"/>	Irish <input type="checkbox"/>			
	Black	African <input type="checkbox"/>	British <input type="checkbox"/>	Caribbean <input type="checkbox"/>		
	Asian	Bangladeshi <input type="checkbox"/>	British <input type="checkbox"/>	Chinese <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Other/Mixed (please specify)						

Parent Carers' Name/s			
Address			
Town			
County		Post Code	
Home Phone Number			

We **email and text** out details of upcoming activities and events so **please provide your email address and mobile number/s** so we can keep you updated. Let us know if your contact details change.

Mobile Number/s	
Email Address	

If we **CANNOT** contact YOU (on the details above), who should we contact in an emergency?

Other Emergency Contact Names		Mobile Number/s	
Child's GP Name		Phone No.	
GP Surgery Address			

Important Medical Information overview (You can give full details of these on the next page)

My child/young person has the following (please select all that apply):

Regular Medication	Yes / No
Emergency Medication	Yes / No
Seizures	Yes / No
Allergies	Yes / No
Gastrostomy	Yes / No

Medication – Please bring every time your child/young person attends PACSO

Does your child/young person take any regular medication ? Please give <u>full details</u> :	
Do they take any emergency medication ? Please give <u>full details</u> :	

Seizures

Does your child/young person have seizures?	Yes / No
How <u>often</u> do they occur?	
What might <u>trigger</u> them?	
What are the <u>signs</u> before a seizure?	
What <u>action</u> would you like us to take?	

Allergies

Does your child/young person have any allergies or intolerances ? Please give <u>full details</u> :	
What <u>action</u> would you like us to take?	
Are they allergic to plasters ?	Yes / No

Food & Drink

Is your child/young person on a special diet (e.g. due to weight issues or medication)? Please give <u>full details</u> :	
Are they allowed fruit squash to drink?	Yes / No
Can they drink using a cup ?	Yes / No
What <u>other help</u> might they need with eating/drinking? Please give <u>full details</u> :	

Toileting

Does your child/young person have difficulty using the toilet ?	Yes / No
Do they wear pads ? (If yes, please bring these each time they attend PACSO)	Yes / No
What <u>help</u> might they need with toileting? Please give <u>full details</u> :	

Mobility

Does your child/young person have difficulty standing or walking ?	Yes / No
Do they use a wheelchair or any other walking aid ? (If yes, please bring each time they attend PACSO)	Yes / No
Do they have a sling for hoist use? (If yes, please bring each time they attend PACSO)	Yes / No
Please give <u>full details</u> about your child/young person's mobility:	

Communication

Does your child/young person have difficulty communicating ?	Yes / No
Do they use a communication aid ? (If yes, please bring this each time they attend PACSO)	Yes / No
Do they use Makaton ?	Yes / No
What do we need to know to help them communicate and be understood? Please give <u>full details</u> :	

Emotions & Behaviour

How does your child/young person show they are happy ?	
Are there <u>any specific situations</u> that upset them? Please give <u>full details</u> :	
What might they do to show they are upset ?	
How do <u>you</u> help them to calm down ?	
Do they sometimes react in a violent or aggressive manner ? Please give <u>full details</u> :	
Do they sometimes try to run away or escape ? Please give <u>full details</u> :	

Activities

What are your child/young person's favourite toys, activities & places to go ?							
My child/young person needs one to one support at PACSO...	<table border="1"> <tr> <td>ALL the time</td> <td><input type="checkbox"/></td> <td>For SOME activities only (please give details below)</td> <td><input type="checkbox"/></td> <td>NONE of the time</td> <td><input type="checkbox"/></td> </tr> </table>	ALL the time	<input type="checkbox"/>	For SOME activities only (please give details below)	<input type="checkbox"/>	NONE of the time	<input type="checkbox"/>
ALL the time	<input type="checkbox"/>	For SOME activities only (please give details below)	<input type="checkbox"/>	NONE of the time	<input type="checkbox"/>		
<u>What activities</u> will they need help with at PACSO? Please give <u>full details</u> :							

Swimming

Is your child/young person confident in the water?	Yes / No
Can they swim unaided ?	Yes / No
If no, what aids do they use?	
Any other <u>details</u> about water activities?	

Transport

Does your child/young person travel happily in the...	Minibus	Car	Train	Bus
	Yes / No	Yes / No	Yes / No	Yes / No
Any other <u>details</u> about transport?				

Useful Information – This part is VERY important as it helps our staff know your child/young person better

Please tell us about your child/young person <u>in your own words</u> . (Continue on separate sheet if necessary)	
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Friends at PACSO

Does your child/young person know anyone else at PACSO?	
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DLA/PIP – Please indicate below which rate/s you receive, or which one you've applied for (if any):

DLA (Disability Living Allowance)					PIP (Personal Independence Payments)					I receive neither	
Mobility		Care			Applying now	Mobility		Care			Applying now
Low	High	Low	Medium	High		Standard	Enhanced	Standard	Enhanced		

Do you receive Direct Payments ?	Yes / No	Or do you have a Personal Budget ?	Yes / No
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Does your child have a Statement or EHCP ?	(If yes, please provide us with a copy if you can.)	Yes / No
Does your child have a Care Plan ?		Yes / No
Does your child have a Behavioural Plan ?		Yes / No
Does your child have an Emergency Plan ?		Yes / No

Do you have a Compass Card (or have applied for one)? To find out more, visit www.compasscard.org.uk	Yes / No
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Is your child registered with West Sussex Child Disability Team ?	Yes / No	Or with the CHOICE Team ?	Yes / No
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If you're happy for us to contact them, please give your social worker or support worker's name & contact info:	
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Does your child/young person have a dietician ?	Yes / No
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If you're happy for us to contact them, please give their name & contact info:	
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Communication

Parent/Carer: Is English your first language?	Yes / No
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If no, please state:	
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Parent/Carer: Do you have any additional communication needs?	Yes / No
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If yes, please state:	
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Media Permissions

Do you give permission for us to take photos of your child/young person for their own scrapbook?	Yes / No
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Do you give permission for us to take photos of your child/young person for our records?	Yes / No
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We take photos/videos at many of our activities for our social media. This is a great way for families to see the fun that their child/young person has been having at PACSO, as well as showing all our members and friends what PACSO is all about!

Do you give permission for us to include photos/videos of your child/young person on our Facebook and Twitter ?	Yes / No
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Do you give permission for us to include photos/videos of your child/young person on our website ?	Yes / No
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Do you give permission for us to use photos/videos of your child/young person for publicity (including PACSO publicity, local newspapers & County Council media), fundraising applications/reports or any other future publicity?	Yes / No
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Consent – please confirm that you consent to the following then sign and date below:

I consent to my child/young person participating in PACSO activities under the care of PACSO Staff.	Yes / No
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I consent to my child/young person receiving First Aid Treatment in the event of an accident or emergency.	Yes / No
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I consent to PACSO Staff providing my child/young person with toileting/personal care assistance if required.	Yes / No
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I consent to PACSO staff positively handling my child/young person where reasonable, proportionate and necessary.	Yes / No
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I consent for this Profile Form to be carried by PACSO staff during sessions.	Yes / No
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I consent to being contacted by PACSO about activities, information & updates.	Yes / No
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I consent to being contacted by PACSO about other organisations, events & information that might be of interest.	Yes / No
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I confirm that this is an accurate record of my child/young person and I will notify PACSO of any changes ASAP.	Yes / No
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I agree to provide any medication or equipment my child/young person requires for <u>every</u> PACSO session.	Yes / No
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I understand that by completing this registration form, I will become a member of PACSO.	Yes / No
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I understand that I can cancel my membership at any time by contacting PACSO, and that my details will be removed from the PACSO Database in accordance with the terms of PACSO's Privacy Policy.	Yes / No
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Signed (Parent Carer):	Date:
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For Office Use Only:	Database:	Membership No:	£10 admin fee?	Date Paid:	Method:
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