

# TORFAEN PLAY SERVICE PLAY SUPPORT REFERRAL



PERSONAL DETAILS OF CHILD			
First name	Surname	DOB	Gender
<b>Address:</b>			
<b>Telephone:</b>			
<b>School</b>			

<b>Form completed by: <i>Even if an agency completes the form, it must be completed with the parent/ carer</i></b>			
<b>Name:</b>		<b>Job title/agency:</b>	
<b>Contact number and Email:</b>		<b>Parent/carer (please tick)</b>	

Presenting needs – please detail the needs of your child (please also insert current photograph if possible) :

<b>Outline of support requested: What level of support will your child require to attend?</b>

<b>Key agencies who are also working with the child, young person or their family (if known):</b>					
School/ Nursery:		Contact Name:		Tel:	
GP:		Contact Name:		Tel:	
Agency:		Contact Name:		Tel:	
Agency:		Contact Name:		Tel:	

<b>Further Contact Details</b>					
<b>Emergency Contact numbers</b>					
<b>1</b>		<b>Relationship to child</b>			
<b>2</b>		<b>Relationship to child</b>			
<b>3</b>		<b>Relationship to child</b>			
<b>Does the child/family have a Social worker/Families First Worker/Support Worker?</b>					
<b>Name:</b>		<b>Telephone:</b>			
<b>Is the child a looked after child (in foster care)?</b>					
<b>Yes</b>		<b>No</b>			
<b>Is the child on the child protection register    yes/ no</b>					
<b>School Support</b>					
<b>Name of School:</b>		<b>Telephone:</b>			
<b>Does your child have one to one support in school?</b>		<b>Does your child's school have a care or support plan in place?</b>			
<b>Diagnosed with (if applicable):</b>					
<b>Nature of my needs/ diagnosis:</b>					
<b>Wheelchair user:</b>	<b>Yes</b>		<b>No</b>		<b>Hoist needed?</b>
					<b>Yes</b>
					<b>No</b>
<b>Medication taken at home:</b>					

<b>Medication taken whilst at playscheme/play club:</b>					
<b>Do your child have any allergies?</b>	<b>Yes</b>		<b>No</b>		<b>If yes, what allergies do you have?</b>
<b>IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT ME</b>					
Language used at home					
<b>I will need extra encouragement or support from someone to help me to:</b>					
Make new friends		Mix with others		Try new things	
Cope with unexpected changes					
<b>The worker/volunteer who will be supporting me will require the following training to support my specific need ( please insert any training such as those to support medical needs which the staff will require)</b>					

**Additional information**

<b>I communicate by using:</b>	<b>Please highlight the appropriate answer</b>
Conversation/Speech	Gestures
Touch	Echolalia (repeat words or sentences)
Point	Makaton
BSL	Communication symbol book (school)
PECS	Other (please state):

<b>Understanding</b>	
<b>I understand:</b>	<b>Please highlight the appropriate answer</b>
Key words	Short sentences
Everything that is said to me	I interpret things literally

<b>How I get about</b>	
<b>I get about:</b>	<b>Please highlight the appropriate answer</b>
With assistance	I use a wheelchair/ buggy, but only for long distances
Without assistance	When on a bus/minibus I need to sit in my wheelchair

<b>Personal Care</b>	
<b>Personal Care:</b>	<b>Please highlight the appropriate answer</b>
I need help with the toilet	I need no help with the toilet

I am incontinent	I need help with zips and buttons
I need visual prompts to explain the toilet routine	I can use the toilet but will not go in unfamiliar places
I can use the toilet but sometimes get distracted- please prompt me	I can dress myself
<b>Please note that you must provide all items for personal care. Please also provide a change of clothes</b>	
<b>Hoist information</b>	
<b>Personal Care:</b>	<b>Please highlight the appropriate answer</b>
I need a hoist to maintain personal care	My hoist sling has clips
My hoist sling has hoops	

<b>Food and Drink</b>	
<b>At mealtimes:</b>	<b>Please highlight the appropriate answer</b>
I use a knife and fork	Use a spoon
I use my fingers	Use open cups
I use drinks with straws	Need to be fed
I need help with drinks	Need food warmed
I am tube fed	Prefer to eat alone
I don't like to eat if there is too much noise	
<b><u>Things I must not eat:</u></b>	

<b>Equipment</b>	
Please list the equipment that you will be providing for your child within playscheme	
Will equipment be needed from other areas – school/ physio etc?	

<b>A little more about me (likes and dislikes)</b>	
I like and enjoy doing, seeing, experiencing the following:	
I don't like or enjoy the following (characters, face painting, activities, balloons, sports, sharing things, etc):	
The things I am good at:	
The things I am not so good at:	

I like to play with others		I like to play on my own	
I like to play in a small group		I like to play with others but unable to initiate play	

What makes me happy or sad	
What makes me happy:	
When I am happy, I will let you know by:	
What makes me sad:	
When I am sad or angry, I will let you know by:	
If I am angry/sad/upset this helps me calm down:	

About my play preferences	
I would like to enjoy play experiences such as:	
I am sensitive and may react to the following noises or objects:	
Other sensory sensitivities that I have	
Sound	Touch
Smell	Sight
Taste	
These are:	
Please list any play equipment you feel would encourage your child to play	

Behavior	
<p align="center"><b>The triggers that change my behavior or moods are: (e.g. words, situations, objects, types of food. Please mention if these are good or bad triggers)</b></p>	
I am aware of dangers and risks around me	I am not aware of dangers and risks around me
I tend to run off without warning	I tend to run onto roads without warning
I have behavior management programs in place (such as 'stop cards'):	
When I go out I wear wrist restraints/learners:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p align="center"><b>Sometimes I can behave in a way that causes others harm or problems when:</b></p>	
<p align="center"><b>Sometimes I can hurt and harm myself when:</b></p>	

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Extra information about me					
Swimming					
I can swim well		I can swim but need some support		I cannot swim	
I get cold quickly when I swim			I need a hoist to get into a pool		
How I like to sit and rest					
I like to sit on floor		Like to lie on floor		Rest against walls	
I have my own square of carpet		Bean bag			
Other					

About Play Provisions					
I have attended play provisions with Torfaen Play before:				Yes	No
I would like the same worker as previous, if possible					
Yes	No	I do not mind who I have			
I would like to go to the same site as I attended before					
Yes	No	I do not mind			
I get agitated when people take photographs of me:					
It would be beneficial to meet my child's one to one prior to attending if possible:					
I give permission for my child's photo to be taken and used for social media/promotion of play service	Yes / No	I am happy to be contacted via email for feedback to support the future funding of Play Services for play support and updates on provisions.			Yes / No
I am happy to be a member of the Parent/carer Play and Respite group on social media ( Facebook)	Yes/ No	I and happy to be a member of the Torfaen Play Lending Library			Yes / No
Additional Information we may need to know					
Please use the space below to tell us any other information about your needs that will help us to support you during the playscheme:					

I certify that the information given in this form is accurate to the best of my knowledge.

Signed ..... Date.....

Consent for information storage and information sharing:

- ❖ I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to me and my family.
- ❖ I understand that in order to provide services some information will be shared with a variety of agencies including social services.
- ❖ I understand that other agencies including social services will share information with the Families First team and provider agencies, for the purpose of appropriate services being offered.
- ❖ I understand that I must notify the Play Office of any significant changes in my child's needs or behaviour as soon as possible so the correct measures can be put in place to provide the necessary support
- ❖ I understand that the child in question is being supported to access play provision, if they do not want to attend, or are not happy at the play sessions, we will contact parents/carers to collect them from the setting

<b>Signed</b> (Parent/ Carer):		<b>Print Name:</b>		<b>Date:</b>	
<b>Signed</b> (Parent/ Carer):		<b>Print name:</b>		<b>Date:</b>	

If the child(ren) or young person(s) included within this referral are old enough to be able to understand and consent to this referral, their signature should be provided below.

<b>Signed</b> (child/young person)		<b>Print Name:</b>		<b>Date:</b>	
<b>Signed</b> (child/young person)		<b>Print Name:</b>		<b>Date:</b>	

- ❖ Torfaen County Borough Council will handle the information you have provided in line with the provisions of the Data Protection Act. Any personal information will be held in confidence with only the necessary people able to see or use it. Under the Data Protection Act you have the right to make a formal request in writing for access to personal data held about you or your child.
- ❖ The Council has a duty under the Children's Act 2004 to work with partners to deliver and improve services to children and young people in the area. Therefore, the Council may use this information for other legitimate purposes and may share this information where necessary with other bodies responsible for administering services to children and young people.

**Please return to:**

Torfaen Play Service,  
The Old Abersychan Library,  
Brynteg,  
Abersychan,  
Pontypool,  
Torfaen,  
NP4 7BG

**Or email:**

[andrea.sysum@torfaen.gov.uk](mailto:andrea.sysum@torfaen.gov.uk)

[tyla.mccarthy@torfaen.gov.uk](mailto:tyla.mccarthy@torfaen.gov.uk)

[torfaenplay@torfaen.gov.uk](mailto:torfaenplay@torfaen.gov.uk)