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Spaces on our evening groups.

Our evening youth groups are the only groups we run without parents or carers in attendance (although they are very welcome) or other organisations involved. We have around ten places on each of our evening groups, and children who attend do so until they reach twenty. This means that there are only a very limited number of spaces available each year, if any.

We are a small, independent, voluntary organisation working principally with volunteers and part-time staff to provide these groups.

We concentrate on operating within our means but to our capacity, and on working hard to ensure that these groups are of a consistent high quality.

"How can my child attend your evening groups?"

 We will happily take your details, but we cannot promise that a suitable space will become available. We don't have a chronological waiting list.

"Why don't you have a chronological waiting list?"

It doesn't work for our group, because:

• We consider the individual nature of each child's extra support needs and circumstances.

- We consider the nature and dynamic of our current group of young people.
- We consider the number, attendance and skills of our current volunteers.
- We aim for every child to have a 1:1 adult to child ratio whenever possible in our supervised, supported group setting.

"What are your criteria?"

We don't have strict criteria, aside from:

- Does the child have an additional support need?
- How much does the young person need a group like ours?
- Can we safely meet the child's needs?

"How do you decide who gets a place?"

- Whenever a space becomes available, we will consider all the children and young people known to us and take into consideration the above factors.
- We will then offer a space to the child or young person who we feel best suits the available space, again taking into consideration the above factors.

We would love to provide spaces on these groups for every family who wants one, but that wouldn't be practical or safe.

If you would like to register an interest in our evening youth groups, please fill in and return the following form:



| Child or Young Person's name | |
|--|--|
| Date of birth | |
| Address | |
| Telephone | |
| Email | |
| Parent/Grandparent/Guardian/Carer Name | |
| Tell us about this young person. Please continue on a separate sheet if you need to. | |
| What's the nature of this young person's additional support needs? | |
| Does the young person use a wheelchair? | |
| Are there any communication issues? | |

| Any behaviour that could be described as "challenging"? If so, please be as honest and specific as possible on the following page. | |
|--|--|
| How comfortable is the young person with other children or young people in a busy group setting? | |
| Any eating and/or drinking issues? | |
| Personal care; does the young person wear pads, for example? | |
| Does the young person have transport? | |
| Which school does he or she attend? | |
| Teacher's name? | |
| Does this child/young person attend any other groups? | |
| Any other info? Why does the young person need our group? | |
| Referred by | |
| Your name, address, phone number and e mail (if different from above) | |
| Today's date | |



| Any behaviour that could be described as "challenging"? This doesn't mean we won't consider the young person for a place, but it depends on the frequency, nature and severity of the behaviour. We must make sure that our volunteers can meet their needs and that everyone is safe. We understand that young people can go through changes at any time. Please be as honest and specific as possible. | |
|--|--|
| Does the young person hit, bite, pull hair or cause other harm to themselves? If so, how frequently? | |
| Does the young person hit, bite, pull hair or cause other harm to other children, young people or adults? If so, how frequently? | |
| Are special measures in place at school or elsewhere? For example, "Safe Space" or "CALM holds"? If so, how often are these used? | |
| By signing, I accept that if a space is offered, ddca reserves the right to stop a child or young person attending at any time. | |
| Referred by | |
| Your name, address, phone number and e mail (if different from above) | |
| Today's date | |
| Your signature | |