



# Cornwall Accessible Activities Program (CAAP)

Referral Form April 2019

**Childs Name**

**D.O.B.**

**Address**

**Number and names/ages of any siblings:** (please fill out separate registration forms for each disabled child if more than one in your family)

**Parents Contact Details**

**Name**

**Home Phone**

**Mobile** \_\_\_\_\_ **Email**

**Name of school child/young person attends/attended**

Does your child/young person have a Statement of Special Educational Needs/EHCP

If yes you do not need to be referred by a professional involved in your child's care.

**If you have answered NO, we require this form to be signed by a referring professional supporting your child/young person.**

**Name and title of referrer** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

This child/young person is known to me and I confirm that he/she cannot attend mainstream activities because of their disabilities/difficulties.

**Signature**

**Date**

Brief outline of your child/young person's additional needs including any diagnosis:

What type of activities does your child/young person enjoy?

CAAP uses photos and videos of children and young people at our activities to feed back to funders and for future funding bids. We load them onto a closed facebook page. We ask all participating members of CAAP not to load photos of CAAP activities on their personal social media if there are children of other members in the photograph.

I do/do not give my express consent for photographs/film to be taken of my child by CAAP and used in any of CAAP's publications or on line.

To promote online safety and to minimize the potential for images and video being shared inappropriately, we have attached our **Mobile Devices Policy**, please also sign the form signal that you have read it and agree to comply.

We retain the information you submit on this form securely and will only use it for the purpose that it is given, for the duration of your child/young person's registration with CAAP. By signing this form you are stating that you have that you wish CAAP to retain your information given above.

Please note: CAAP Management reserve the right to terminate membership if deemed necessary after investigation by the board of Trustees.

**Signature of Parent/Guardian:**

**Date**

This information will be kept by the administrators of CAAP and will be passed onto activity providers when the child/young person attends activities.



## CORNWALL ACCESSIBLE ACTIVITIES PROGRAM

### **Mobile phone and mobile device policy**

This policy sets out CAAPs framework for determining what is 'acceptable' and 'unacceptable' use of mobile technology by parents, carers, children and young people whilst they are at CAAP events and afterwards the use of images on social media.

The purpose of this policy is to prevent unacceptable use of mobile phones, camera-phones and mp3 players by families, sessional workers, staff and providers and thereby to protect CAAP stakeholders from undesirable materials, filming, intimidation or harassment.

**Note:** For the purposes of this policy, all references to 'mobile phones' should be taken to include camera phones and mp3 players, even those which do not incorporate communications technology. This policy will operate in conjunction with other policies including the E-Safety Policy and Internet Acceptable Usage Policy and ours and provider photo permission documents. It is recognised that these documents must be reviewed and revised regularly in response to developments on technology.

#### **The Policy:**

1. Where a mobile phone is brought to a CAAP activity, it is entirely at the families, staff member or sessional workers own risk. CAAP accepts no responsibility for the loss, theft or damage of any phone, mp3 player or other mobile device brought to a CAAP activity.
2. It is forbidden to record photographic images (still or video) or sound recordings of staff, sessional workers, parents and carers or children and young people at any time without their explicit permission.
3. It is explicitly forbidden for inappropriate internet usage at any CAAP activity whether that is just personally or shared with other group members, we recognise that from time to time it may be necessary for the internet to be accessed but this should be for a limited time and for a specific reason pertinent to the activity currently being delivered.
4. By definition all the children and young people accessing CAAP activities are vulnerable and should be protected from the inappropriate use of images taken by other families, staff, providers or other children and young people. We all use photographs to capture the amazing journeys that our children and young people travel but these images cannot be loaded onto personal social media or distributed in any way if they capture any other child, young person, or adult who has not expressly given their permission for that image to be shared. Images can be loaded onto the closed CAAP facebook page but cannot be shared outside this protected page.
5. If it is brought to the attention of CAAP that images have been shared inappropriately or without the express permission of the person captured in that image or the parent carer of a child captured in that image we will seek to find an explanation of how this happened, Any parent/carer who repeatedly shares images will not be allowed to attend future CAAP activities with their child. By signing this document you agree to these terms.
6. Wherever possible we ask all families to share this policy with their children and young people both those with disabilities and those without.
7. This policy should be used in conjunction with and alongside any policy given to us by a provider. However this policy is the one which takes precedent.

### **Signed by Parent/Carer:**

Name

Relationship to registered child

Signature

Please return to: CAAP PO Box 538 TR7 9DR

[info@caapuk.co.uk](mailto:info@caapuk.co.uk)