Great Western OOSC Prospectus

FEBRUARY 2023

Great Western

Pre-School,

Out of School Clubs and Assessment and Training Centre

www.greatwesternps.co.uk



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# The Aims of Great Western Out of School Clubs

**Mission Statement**

Our Vision is to prepare an environment that is stimulating for each child, regardless of age or individual need. To have knowledgeable staff who are trained to provide that environment with a caring attitude whilst maintaining a sense of humour. We feel that children should be cared for in a light hearted way whilst providing structure and order throughout their day.

* To provide the highest standard of physical and emotional care for the children in a happy, stimulating, safe, caring and sharing environment where children can grow, learn, make friends and have fun.
* To build positive relationships between adults and children encouraging mutual understanding and respect for people, the environment and cultural diversity.
* To integrate children with disabilities or special needs.
* To encourage positive behavior, keeping in mind the rules of behavior outlined by the school, thus providing continuity for the children in both settings.
* To welcome all children and parents to the club through and appropriate induction process encouraging open communication between staff and parents.
* To respond quickly and positively to parents and children’s suggestions, views and enquiries.
* To provide a relaxed but professional environment.
* To provide activities for the children appropriate to their age and needs keeping in mind their creative, physical and social needs.
* To provide activities that are influenced by the views of the children, parents and staff and taking into consideration the recommendations of outside agencies and inspection teams.
* To provide appropriate equipment necessary for the successful running of the club that is appropriate to the ages and individual needs of the children.
* To maintain an inventory so that equipment can be replaced when necessary and used to its maximum benefit.
* To provide a nutritious snack in a relaxed social setting where children can communicate and form relationships.
* To provide appropriate training for staff where senior more experienced staff coach and mentor their team.
* To provide a quality service where management and staff actively self-evaluate and monitor the clubs provision taking into consideration the views of service users so that future development requirements can be identified.

# Admissions - Out of School Club Admissions

**Out of School Club Admissions**

**Booking Sessions for Out of School Clubs**

Please note that children who attend nursery do not automatically qualify for a place at Out of School Clubs. Application forms must be completed. Places will be allocated on a first come first served basis, based on the following priority:

(1) the child already attends a Great Western Service

(2) a sibling attends a Great Western Service

(3) Full-time spaces. Priority will be given to families who require the greater number of sessions

(4) New applicants.

A retainer payment will be taken at the point of confirmation and will be deducted from the first invoice. This retainer is not refundable if the place is cancelled.

**Notice for reducing sessions and leaving dates**

At least four weeks’ notice in writing will be required to receive a reduction in fees.

**Holiday Club**

Holiday Club is Not provided each Year. The decision will be made based on the number of families that require the service.

**Sibling Discount**

A discount will not be given for Out of School Care.

**Fees are subject to change**

It is advisable to check with manager or administrator for most up-to-date information.

# Child Protection Policy

**Prevention and Detection of Abuse**

All children have the right to be protected by adults. The safety of the child is paramount and concerns **must** always be shared.

It is each member of staff’s responsibility to be familiar with the National Guidance for Child Protection in Scotland 2021 and Protecting Children and Young People: Framework for Standards. These publications can be found in the staff reading area of each nursery.

Child Protection is a Getting It Right For Every Child (GIRFEC) intervention where the emphasis on keeping Safe is the main Wellbeing Indicator.

If a member of staff has concerns regarding the safety of a child they should:

1. Discuss their concerns straight away with the designated Child Protection Coordinator who will share the information with Cindi Black the Managing Director.

|  |  |
| --- | --- |
| LOCATION | CHILD PROTECTION COORDINATOR |
| Broomhill | Sarah Rae |
| Great Western Road | Kirstine Ross |
| Kingswells | Kelly Black |
| Portlethen | Lindsay McLennan |
| Portlethen 2 | Louise Findlay |
| Out-of-School Clubs City Centre | Jan Watt/ Natalie Reid |
| Portlethen OOSC | Louise Findlay |
| Kingswells OOSC | Emma McHardy |

1. Engage with the designated person about whether this information needs to be shared, and if so with whom.
2. Ensure all this information is accurately recorded, with reasons for any decision reached. Notes should be brief and factual i.e. injury, behaviour, comments made by the child, etc. All records should be dated and are confidential. Records should only be shared on a need to know basis. Records should be kept in the child’s file.
3. **The Complaints / Concerns / Child Protection form** should be used to record this information.
4. If you cannot contact the designated person in the first instance, and there are immediate concerns for the child’s safety, contact Cindi Black on 07974923143 or one of the other designated persons from above. If you cannot contact Cindi Black or any of the designated persons above, contact the social work or police yourself.
5. Parents are made aware of this procedure, as it is outlined on their child’s application form and included as part of the prospectus pack.

Useful Contacts for Child Protection:

1. Aberdeen City Child Protection Unit— 0800 731 5520
2. Aberdeen City Council Child Protection out of hours service —01224 693936
3. Aberdeenshire Council social Work Department— Portlethen Office 01467 537111
4. Aberdeenshire Council Social Work Department Out of Hours Service— 0345 6081206
5. Aberdeen City Council Social Work — 0800 7315520
6. Grampian Police—Police Scotland 101

**Standard forms used to support this policy:**

**Complaints/Concerns/Child Protection Index**

**Complaints/Concerns/Child Protection Form**

**Please note that these forms are found under the caring for our children and complaints section of the policy folder. The forms are the same**

**See Appendix 1 Guidance for Practitioners, Identifying Child Sexual Exploitation**

# Absence of Children Policy – Out of School Clubs

It is the parent/carers responsibility to inform the After School Club if a child is not to attend **(the school will not inform the club of any** **absence).**  To advise of absence please telephone

**City Centre Clubs**

**Holburn West 07590789123**

**Broomhill 07711376967**

**ARK 07891328511**

**OOSC Admin 01224 319530**

**Aberdeenshire Clubs**

**Kingswells 01224 745364**

**Portlethen2 01224 780765**

If parent/carer wish a person other than the nominated person to collect the child, the After-School Manager should be informed as soon as possible. ***Staff will not allow a child to be collected by anyone under the age of 16 years***

In the event of children being absent from Out of School Club without prior notice or telephone call the following procedure should be followed

* Before going on pick-ups check with administrator’s and information board to see if there are any messages from parents/carers informing you of a child/children not going to after school club.
* Ensure you have your pick up sheet and contact numbers also make sure you have your mobile phone and it is charged and topped up.
* If a child doesn’t come to meet you then call the number on the contact sheet.
* Check that the child has attended school (contact school office), try and ask the teacher or someone at the school if this child was absent or is going somewhere else e.g. home with a friend.
* If you cannot contact the parent/carer telephone, inform the manager.

# Collection of Children at the end of an After School Session

* The club supervisor will keep a list of those people authorised to collect the child from the sessions. Although in the majority of instances this will be one or other of the parents, there may be older siblings; grandparents’ etc. entrusted with this responsibility. Any changes to the nominated person will be amended immediately.
* A record of this information must be kept and made available to all staff
* In the case of an unauthorised person arriving to collect a child, the supervisor on duty must first check with the parent/carer, using the contact number to get confirmation of such an arrangement before releasing the child.
* Should confirmation not be obtained, the member of staff should refuse to hand over the child and supervise him/her closely until an authorised person arrives
* A description of the unauthorised person should be noted if possible and passed onto the parent/carer. This should be done without alarming the child.
* If a child has not been collected within 30 minutes of the clubs official closing time, and the nominated collecting adult has not been in touch. The child should be reassured if necessary and staff should continue to try and contact the parent/carer and other authorised persons using the contact numbers given on the registration form. This should be done without alarming the child.
* If no contact is made the police/social services will be contacted after 60 minutes (current phone numbers to be held by Supervisor/Manager)
* At no time will a child be left unattended by Great Western After-School Staff and two members of staff will stay with child at all times.

# Complaints Procedure

At Great Western we take the raising of complaints and or concerns seriously. We Endeavour to ensure that through our open door policy, parents and carers are comfortable dealing with our managers when discussing concerns.

**Nursery Complaints** - Parents are encouraged to channel complaints or concerns initially to the manager, second in charge or administrator, who will try to remedy the situation.

**Out of School Club Complaints** - the manager of the Out of School Clubs should be contacted initially.

Alternatively, parents are encouraged to telephone the Managing Director, Cindi Black to discuss the concern or to make an appointment to discuss the situation.

All complaints or suggestions will be dealt with seriously, and all staff will endeavor to deal with complaints quickly and appropriately. We would hope that all complaints can be resolved within 20 days. The following steps will be taken:

* The Complaint or Concern will be acknowledged in writing within three working days from the date it is received, this can be in the form of an e mail and will be entered onto the Complaint/Concern/ Child Protection Form
* The area of concern will be discussed with the parent by the managing director or by the nursery manager/second in charge/ supervisor/Out of School Club manager.
* The appropriate staff will discuss the area of concern after consultation with the parent.
* A decision will be made as to the appropriate course of action.
* The parent making the complaint will be informed of the action to be taken and more discussion will be entered into if necessary.
* The agreed course of action will be implemented.

We hope that we will be able to handle any difficulties you are having at Great Western. Should you feel that this has not been the case you may also wish to contact the **Care Inspectorate** directly with your complaint:

**North Region**

**Johnstone House**

**Rose Street**

**Aberdeen**

**AB10 1UD.**

**Telephone Number: 01224 793870**

# Management of Medicine Policy

* Children who require a long term medication or emergency lifesaving medication must be added to the class or club red letter. The setting will require to have a detailed risk assessment and protocol for these children, completed by staff with the input of parents/carers and where possible the input of GP or nurse practitioner. Protocols and risk assessments will be stored appropriately within the class or club and copy retained within the child’s care plan folder. At a minimum these risk assessments, protocols will be updated 6 monthly – more often if required to meet the needs of the child.
* Parents must complete a Medicine Release Form which is part of the application form and Instructions for Administering Medicine. These forms must be signed and dated. The instructions for administering the medicine must be handed to the class supervisor along with the medicine. Supervisor should make sure that the parent for the child has completed a Medicine Release Form.
* The information on dosage must be the same on the medicine form and on the label.
* The medicine must be stored appropriately according to the written instructions on the medicine i.e. in the fridge. The medicine should be stored in a locked cupboard with each child’s individual medicine in a box labelled with the child’s name and date of birth. This also applies to medication which needs to be kept in a refrigerator.
* Care service staff should not give the first dose of a new medicine to a child. Parents should have already given at least one dose to ensure that the child does not have an adverse reaction to the medication
* When a child is given a new medication, parents should watch closely for allergy or sensitivity symptoms. This good practice point would obviously not include emergency medication such as an adrenaline pen where the risk of not giving it could outweigh any adverse reaction.
* Medicine spoons and oral syringes should be cleaned after use and stored with the child’s medication. Adaptors for inhalers like ‘spacers’ should be cleaned as described in the product information. The care service might have to obtain this information from the parent/carer as some devices have special cleaning instructions which, if not carried out, can have a detrimental effect on the way that they work.
* Such additional information should be kept in the child’s transition folder
* Medicine should only be administered by a suitable member of staff, i.e a. qualified member of staff with a suitable risk assessment. Staff who countersign medication forms should also have a suitable risk assessment to state they are able to do so. It is important that all staff who are permitted to give medication know which children require medication, where the medication is stored and how to access it.
* All medication given in the setting mush be recorded on a medication form and countersigned appropriately – This applies also where a parent has taken a medication into the setting which they are administering to their own child. The medication form will be countersigned by an appropriate, risk assessed member of staff. This applies regardless of whether the medication is to remain within the setting.
* Medicine should be returned to the parents at the end of the session as appropriate.
* Parents should be shown the details of the medication given to their child and a signature should be obtained from the parent acknowledging that they have seen the medication details.
* Children who require long term medication should have their medication needs reviewed every three months to ensure that all instructions are still relevant. Staff should ensure that they take equal care with medicine that is administered on a daily basis.
* All medicine received should be recorded on a ‘Medicine on Premise’ form. For emergency medication this form is located in the class room, for nappy creams this form is located in the changing area and for all other children’s medication this form is located by the main medicine store.
* Medication no longer needed to treat the condition it was prescribed or purchased for, or which is out of date, should be returned to the parents/carers
* We have a procedure detailing what to do if too much medication is given or given to the wrong child.
* Staff will know what to do if the child spits or refuses the medication. Parents should always be told if this happens.

Emergency Life Saving Medication

Emergency medication must be easily accessible so will be stored in the child’s class room in a box labelled with the child’s name and date of birth, a risk assessment will be completed regarding this .

Children with life threatening medication requirements will not be allowed to attend Great Western Pre-School or Out of School Clubs without their required lifesaving medication being available to them in the setting. A risk assessment and protocol for these children will already be in place as part of the admission process and this is updated regularly (min 6 mths) throughout the attendance of the child.

Steps will be taken by staff to ensure that there is always an appropriate supply of emergency medication, including ensuring sufficient time is allowed before expiration or full usage of medication to communicate with parents and cares and re-stock the supply. These steps include completing weekly medication checks, reviewing transition or care forms and also reporting any spillages and breakages.

In the case that an emergency medication has not been replaced, expires, or is damaged/spilled/ deemed unusable. A detailed risk assessment will be created to evaluate whether or not an appropriate protocol is feasible in order to continue to care for and support the child within the setting. The risk assessment needs to include whether or not there is time to seek medical attention without medication.

If the risk is high the child will not be allowed to stay at the Great Western setting until the appropriate medication is within the building and available to the child.

A responsible person must be trained in administering medication, and available at the same times as attendance of child in order for child to attend nursery. Where staff are on holiday or sick and a responsible person is not available, parents will be asked to keep child at home until a suitable arrangement can be made to ensure the safety of the child.

* **If a child refuses to take the medication:**  
  Ensure that a member of staff they have a strong bond with administers the medicine.  
  Talk to the child and offer reassurance constantly.  
  Never force a child to take medication.  
  Contact parents immediately if the child will not take the medicine.
* **If a child spits out medication:**  
    
  Do not try to give the child a second dose.  Note how much the child swallowed (if any). Detail on medication form as per usual procedures, date/time etc  
    
  Contact parents to inform them.
* **If a child receives another child’s medication or too much medication:**

The staff member involved should immediately advise their supervisor or manager.

Parents should be informed immediately and a senior member of staff should contact NHS 24 to access the up to date treatment advice for the relevant medication.

Senior Management should be contacted and an incident form completed and relevant bodies advised when necessary.

* **If a medication is spilled or damaged**

The staff member involved should immediately advise their supervisor or manager.

Parents should be informed and replacement medication arranged as required.

**Administering of Nappy creams.**

Unqualified staff can apply or check nappy cream applications after they have been shown the correct procedure by a supervisor. The Supervisor should sign the staff’s practical record to confirm the staff member is competent to apply the nappy cream.

**Nappy creams**

There is no requirement for an administration of medicine form to be completed for nappy cream, the instruction from the parents should be recorded in the child’s care plan and when staff administer nappy cream this will be recorded on the nappy changing sheet.

The cream should still be stored in individual labelled containers.

**General creams**

An administration of medicine form is not required unless the cream has been prescribed by a GP.

The instruction should be recorded in the child’s care plan.

## Staff Medication

* Medication taken to nursery by members of staff must not be taken into the classrooms.
* Staff medication will be stored in a lockable medicine cupboard and signed in to the setting on a ‘medicine on premises’ sheet located at this area.
* Medication should be labelled with the staff’s full name.
* Staff that require medication who work in the Out-of-School Clubs should leave the medication at the associated nursery, or keep in a locked area i.e. filing cabinet etc.

**Standard forms used to support this policy:**

**Medicine Record – All Medication on Premises**

**Administration of Medication**

# Guidelines for Settling-in Children to the Out-of-School Club

* Encourage parents to ask as many questions as they feel are appropriate. Make parent and the child feel comfortable and welcomed. Regarding Out-of-School Club, make sure the child is comfortable with the adult that will be picking them up from their school and that the times and meeting points are clear to all concerned.
* Encourage parents to stay as long as they wish and to make as many visits before the child’s first day as they wish. These visits could be planned or merely a drop-in-when passing by to the shop. The atmosphere should be such that the parents continue to feel comfortable spending time in the club not only when the child first starts, but also in the years to follow
* Always respect the wishes of the parents and children.

## 

# Great Western Pre School – Change of Sessions Request Form

|  |  |
| --- | --- |
| Child’s Name |  |
| Nursery / Club |  |
| Classroom (if applicable) |  |
| Contact Name |  |
| Telephone |  |
| Date session change required |  |

**Current Sessions Attended**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Weds | Thurs | Fri |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

**Requested Sessions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Weds | Thurs | Fri |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

Please note that requests are dealt with on a first come first served basis.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When completed please return to the office**

# Great Western Out of School Care Fee Structure – 1 March 2023

|  |  |  |
| --- | --- | --- |
| **SESSION** | **FEE** | **ADDITIONAL COMMENTS** |
| Before School | 9.59 | 7:30 to school opening |
| After School | 15.87 | Collection from School to 6:00 p.m. |
| Before and After School | 23.73 | As above |
| Direct Debit | All fees should be collected by direct debit. A form can be obtained from Administration. | A charge of 2 percent will be made when no d/d is in place with the bank |
| **Booking Sessions for Out of School Clubs**  Please note that children who attend nursery do not automatically qualify for a place at Out of School Clubs. Application forms must be completed. Places will be allocated on a first come first served basis based on the following priority: (1) the child already attends a Great Western nursery or out of school care setting (2) a sibling attends a Great Western nursery or out of school care setting (3) new applicants. Easter, Summer and October Clubs should be booked each term. A retainer will be made at the point of confirmation and will be deducted from the first invoice. This retainer is not refundable if the place is cancelled.  **Notice for reducing sessions and leaving dates**  A four-week notice in writing is required to receive a reduction in fees.  **Forced Closure**  If there is a forced closure, e.g., adverse weather conditions and pandemic, refunds will not be given.  **Sibling Discount**  A discount will not be given for Out of School Care.  **\***Please note that fees are subject to change and that we reserve the right to offer spaces to staff as required by the organisation to meet service needs. It is advisable to check with manager or administrator for most up-to-date information. | | |



# Multi Agency Consent Form (Children’s Services)

The purpose of this consent form is to enable professionals from different services and agencies to share information about the service user below in order for them to properly assess their needs and agree the best way to help.

It is normal practice to seek information and opinions from other professionals/agencies who may be involved in planning and arranging services and to share information with them. All agencies will keep information confidential in accordance with their procedures.

|  |
| --- |
| I understand that my information will be shared only with professionals in the agencies involved in my care. This may involve Local Authority services such as Education, Social Work and Housing, Healthcare professionals, voluntary and private agencies and Grampian Police as appropriate. By signing this form, I agree to this information being shared with these agencies.  Name of  Service User (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Service User\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of  Parent/Legal representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of  Parent/Legal representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Further information can be found in the following leaflets:**

**Information Sharing within Integrated Services for Children and Young People: A Guide for Parents and Carers**

# Great Western Out of School Club Application Form (1)

**Location required please circle**

**ARK, Holburn West, and Broomhill Out of School Clubs -**

Please return completed form to OOSC, 323 Broomhill Road Aberdeen AB10 7LR

broomhill@greatwesternps.co.uk

**Kingswells OOSC-**

Please return completed form to Great Western Pre-School Nursery, The Village Centre Kingswells AB15 8TB [Kingswells@greatwesternps.co.uk](mailto:Kingswells@greatwesternps.co.uk)

**Portlethen2 OOSC-**

Please return completed form to Great Western Pre-School Nursery Portlethen 2, Muirend Road, Portlethen, Aberdeenshire,AB12 4XP Portlethen2@greatwesternps.co.uk

Child’s Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known as (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_

Siblings & Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address including postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sessions Required**

**School where pick up is required and time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Tel No\_\_\_\_\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sessions required Please Circle:

**Before School M Tu W TH Fr**

**After School M Tu W TH Fr**

**Starting Date required** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date application received** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details: -**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Forename** | **Surname** | **Work Tel No** | **Mobile Tel No** | **Allowed to Pick Up?** |
| **Father:** |  |  |  |  | Yes / No |
| **Mother:** |  |  |  |  | Yes / No |
| **Carer:**  **(if applicable)** |  |  |  |  | Yes / No |

# Great Western Out of School Club Application Form (2)

Other Relevant Contacts: (Parents will always be contacted in the first instance, please enter additional contacts here) Note where possible - a minimum of 2 additional contacts are required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Child** | **Telephone Number** | **Allow to Pick Up?** |
|  |  |  | Yes / No |
|  |  |  | Yes / No |
|  |  |  | Yes / No |

**Other Info**

**E-Mail address**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Invoices are sent by email securely via a password protected file. What password do you want setup for these communications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Child’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_

Known Medical Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Emergency Medical Treatment**

I give my consent to my child receiving any medical treatment which is urgently necessary except: (Please provide details of any emergency medical treatment which may not be given to the child)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Great Western Out of School Club Application Form (3)

**Ethnic group, nationality, religion and language**

***Please note that this section is not mandatory to be completed however the reason for collecting this information is to ensure that the nursery experience for your child is inclusive of your/their beliefs and culture.***

EthnicGroup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spoken language/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Protection Statement**

I understand that any member of Great Western Staff who has a concern relating to the safety, welfare and protection of children within their care, has a duty to report this in accordance with our Child Protection Policy. I further understand that the member of staff has no duty to inform me that a report has been made.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Great Western Out of School Club Application Form (4)

**Consent for Photos and Videos**

At Great Western we regularly take photos and videos of our children, not only do these provide an excellent way of displaying to you your children’s activities during the day but they also provide a vital source of evidence for our quality assurance programme. For example, photos and videos are reviewed by our external assessors to demonstrate staff activities and abilities in relation to their qualifications. This is referenced below in our Staff training and assessment consent section.

We understand if you would prefer that your child is not photographed or videoed, please therefore would you complete the below consent form.

**I give consent for my child to be photographed / videoed in the following situations.**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Photo – Please circle as appropriate** | **Video – Please circle as appropriate** |
| Displays in the Club | **YES NO** | **YES NO** |
| Staff training (this could include staff from other nurseries, child minders and out-of-school clubs | **YES NO** | **YES NO** |
| Internal Assessment purposes | **YES NO** | **YES NO** |
| Advertising | **YES NO** | **YES NO** |
| Press releases | **YES NO** | **YES NO** |
| Children’s Productions and Shows | **YES NO** | **YES NO** |

|  |  |  |
| --- | --- | --- |
| **Puddlestomping**  To be used in news articles on the Great Western Parent Participation Website Puddlestomping. <http://www.greatwesternps.co.uk/puddlestomping>  I understand that this is a community website restricted by user login to the parents, carers and staff of Great Western Nurseries and Out of School Clubs. I understand that no images or video will be used on any other Great Western Website or for Marketing or Advertising Purposes. | | |
| Photographs | **YES** | **NO** |
| Videos | **YES** | **NO** |
|  | | |
| **Facebook**  To be used in news articles on the Great Western Facebook Page @greatwesternpreschool | | |
| Photographs | **YES** | **NO** |
| Videos | **YES** | **NO** |

I understand that images used will be selected with care, appropriate and non-defamatory.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Great Western Out of School Club Application Form (5)

**Consent for Administering Medicine (Medicine Release)**

I give permission for medicine prescribed by my doctor to be administered by a suitable member of staff. The club supervisor will have sole responsibility for either administering the medicine or appointing a suitable member of staff to do so. A suitable member of staff will be an individual that the club’s supervisor has trained to carry out this task and feels they have the appropriate skills to do so.

I will put instructions for administering medicine in writing. I will be responsible for asking for the medicine at the end of each session in order that it may be taken home. I will also sign the details of medication acknowledging that I have seen the dosage given through the day.

I understand that non pre-scribed medicines will only be given to children when written instructions have been given to the club supervisor and the medicine is given to the club supervisor labeled with the name of the child. (This includes Calpol).

Prescription Medication - This must be given to the club supervisor in its original packaging complete with the prescription label.

Signature of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Children to go on Outings and Walks**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name) has my permission to go on outings and walks with Great Western Pre-school/Out-of-School Club. (Please circle) I understand that these outings could include trips to the park, beach, etc. without my prior knowledge. Transportation will be provided by car, mini bus, or public transport

Parent/Guardian

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I understand that by signing this application form I am confirming that the details I have given are correct and that I am confirming consent information as given above. |

# OOSC Transition of Care and Routine/Personal Plan

This form guides us in improving children`s experiences and in making a personal plan to support high quality, safe and compassionate care for your child. We listen to you carefully and take account of your and your child’s rights, choices, needs and wishes. Please therefore, help us to complete the information as thoroughly as possible. We are happy to complete this with you if you prefer. Please talk to your child’s club to arrange. The happy icons on each of the areas highlight the area of SHANARRI (wellbeing) that is being covered by gathering the information. There is a Key on the final page so you can see what they mean. We hope this helps highlight the importance of each question being asked. Thank you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Child:** | | **Class:** | | |
| **D.O.B** | **Date Completed:** | **Review Date:** | | |
| **Child’s Care Routine (Information from parent)** | | | | **Staff use only** |
| A picture containing clipart  Description automatically generated**Food and Drink** | | | | **Initial & Date** |
| What do I enjoy eating? (Likes, dislikes and usual food routine, level of independence & support you provide at mealtimes) | | | | Add to Care plan |
| Shape, circle  Description automatically generatedA picture containing clipart  Description automatically generated**Special Dietary Requirements, Allergy and Medical Information** | | | |  |
| Please provide information relating to any special dietary requirements, allergies or medical information for your child. The information you provide will help us to build a personal plan for your child and ensure their health and wellbeing needs are met at club. Using the information in this routine sheet we will then discuss with you your child's specific care needs and put in place an appropriate agreed protocol in the club. | | | | |
|  | | | **YES** | **NO** |
| **Do I have Medical Needs? (Tick as appropriate)** | | |  |  |
| **Do I have Allergies? (Tick as appropriate)** | | |  |  |
| **Do I require Special Dietary requirements? (Tick as appropriate)** | | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Details: If you have ticked yes for any of the above please give details here.  (In the case of dietary requirements, please include whether these are as a result of allergy, Intolerance, cultural requirements or parent preference.)  In the case of Allergies please indicate whether your child has previously received any type of anti-histamine) *We will use this information to create your child's individual protocol and risk assessment with you.*  Details Continued:-  Do I have any involvement with Specialists to support my care (Include here any specialists such as Dietician, Allergy Nurse, Asthma clinic? | | | | | | | |
| **Staff Use:** | **Protocol Required? (Delete as appropriate)** | | | **YES** | | **NO** | |
| **Protocol Created (Date)** |  | **Signed Staff** |  | | | | |
| **Risk Assessment created (Date)** |  | **Signed Staff** |  | | | | |
| **Red letter created (Date)** |  | **Signed Staff** |  | | | | |
| A picture containing clipart  Description automatically generatedShape, circle  Description automatically generated**Activities and Hobbies** | | | | | **Initial & Date** | | |
| What are my favorite games and activities? (Include any activities they take part in outside of school like rugby/football/dancing/rainbows/scouts etc)  Do I get to explore the outdoors and enjoy it? (Include the level of outdoor active time your child gets and if they enjoy this time.)  What are your child’s current interests? (Art, cooking, games, physical activity etc.) | | | | | Add care plan | | |
| A picture containing clipart  Description automatically generatedA picture containing clipart  Description automatically generatedA group of colorful stuffed animals  Description automatically generated with low confidence**My Emotional Wellbeing** | | | | | **Initial & Date** | | |
| How do I communicate? - (important information such as specific words for day-to-day items, general communication development, and speech delays or English as additional language) | | | | | Add to care plan | | |
| What might I need encouragement with? (Independence in tasks, snack times, making friends) | | | | | Add to care plan | | |
| What should you do to help me when I’m upset/sad or just working on some big emotions:  What are some things I know I do not like or that upset me? (This could be a food type, messy play, relationships with friends) | | | | | Add to care plan | | |
| A group of colorful stuffed animals  Description automatically generated with low confidenceA picture containing clipart  Description automatically generated**Additional Support Needs** | | | | | **Initial & Date** | | |
| Do I have any additional support needs? (Behavior, speech and language, Autism)  Do I have involvement with outside agencies (include here any involvement with agencies such as SALT, social work, health visitor, educational phycologist) | | | | | Add to care plan / All About me | | |
| A picture containing clipart  Description automatically generated**My Wider World** | | | | | **Initial & Date** | | |
| People who are important to me - (Include family or close relationships or shared care arrangements) | | | | | Add to all about me | | |
| Who will pick me up from Out of School Club? (Only include people on the permission to pick up section of the application form) | | | | | Ensure this matched application. | | |
| Who lives in my home? (Family members/pets) | | | | | Add to all about me | | |
| **My cultural Beliefs and celebrations** | | | | | **Initial & Date** | |
| Religious or cultural beliefs that are important to me and my family. | | | | | Add to all about me | |
| Festivals and celebrations that I love to be a part of (Diwali, Christmas, Easter, Yi Peng lantern festival, Carnival etc.) | | | | | Add to all about me and class diary | |
| A picture containing clipart  Description automatically generated**Toileting** | | | | | **Initial & Date** | |
| Do I need help with toileting? - (Include any support needed or if fully independent, our younger children sometimes need a little help and we organize buddies to help get used to using the bathrooms in our clubs) | | | | | Add to toileting sheet | |

Parent/Carer to Sign and Date to confirm the information recorded is accurate:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* please ensure this is passed to Administrators to ensure all files are updated with new information\*\*\*

|  |
| --- |
| Information from staff to support transition (any information that is helpful such as key relationships, likes and dislikes you have noticed and any support you can offer during the transition period) |
| Sign:  Date**:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Form Review – This form should be reviewed and updated as and when required and at a minimum of 6 monthly. | | | |
| Review 1 | Date: | Signed Parent/Carer |  |
| Review 2 | Date: | Signed Parent/Carer |  |
| Review 3 | Date: | Signed Parent/Carer |  |

|  |  |
| --- | --- |
| Shape, circle  Description automatically generated | **Safe** – this may include any specific arrangements to support the child due to their age or stage of development. It may include details of staff support required or link to a behavior support plan, or risk assessments, required for children to enjoy certain activities safely. It may include details of any professionals also providing support, for example in respect of any safeguarding arrangements. |
| A picture containing clipart  Description automatically generated | **Healthy** – opportunities to promote children’s general health and well-being. Details that could also be included here would include any specific medication requirements. For babies and toddlers, feeding and sleep routines and level of support required, food and drink preferences, immunization history, nappy changing routines and toileting progress. |
| A picture containing clipart  Description automatically generated | **Achieving** – recognizing the successes of children and identifying, where appropriate, any next steps to support their development and learning. These should be focused on the child’s interests and be individual to each child. |
| A picture containing clipart  Description automatically generated | **Nurtured** – important people, this should include details of family and important relationships and any shared care arrangements. Memorable dates, contact details, family contact arrangements. Any likes and dislikes, and special comforts that will help children feel secure. |
| Shape, circle  Description automatically generated | **Active** – information to support children to be fit. Do they take part in outdoor activities each day, sport or any physically active hobbies, interests, favourite activities or toys and outings? How can the service build on children’s interests to support them to be active? |
|  | **Respected** – having a say, along with parents or carers in decisions that affect them. How do we include children in having a say in their personal plans, are they easy to understand? |
| A picture containing clipart  Description automatically generated | **Responsible** – ability to make choices and decisions, with appropriate support to be independent. |
| A group of colorful stuffed animals  Description automatically generated with low confidence | **Included** – recognizing the barriers that get in the way for some children, this could be, for example, in respect of children for whom English is not their first language. How do we ensure all children are included, recognizing inequalities, and planning to overcome these? |

# A Bit About Me Sheet

A Bit About Me Date:

My Name is …………………………………………………………………

My age is ……………………………………………………………………

My school is ………………………………………………………………...

Things I like to do are ……………………………………………………...

Things I don’t enjoy as much are ………………………………………...

My friends are ………………………………………………………………

Other clubs/activities I go to are ………………………………………….

I like to eat ………………………………………………………………....

I don’t like to eat ……………………………………………………………

My favorite sport/team is ………………………………………………...

My favorite singer/group is ………………………………………………

My favorite programme is ……………………………………………….

Other things I want you to know about me ………………………………………………………………………………………………………………………………………………………………

# Policy for Transition in the Early Years and Children within an Out of School Care Setting

**Rationale**

We believe that all children should feel as Safe, Healthy, Achieving, Nurtured Active, Respected, Responsible and Included (SHANARRI) as far as possible when entering or moving from one early year’s class to another, from an early years setting to school, from school to an Out of School Care provision or during significant events which occur in the child’s life. Young children starting nursery, moving into another class or going through a significant event in their life need support to enable them to adjust. They need to feel that they are a valuable, competent members of the new social group, and they need to develop positive attitudes towards the range of new experiences they will encounter. Likewise, older children who are making a transition from nursery to School need to feel confident and able to positively interact with children and staff within that environment.

During transition children need to be helped to retain the self-confidence and self-respect that they have already gained at home or in previous settings. We believe the Great Western early year’s and Out of School Care teams should build on the work of the family and take steps to ensure that the child is valued as an individual in the setting. We understand that children enter nursery and club from a variety of backgrounds and will respond to it in many different ways.

We therefore aim to welcome all children as individuals and will meet their needs accordingly. Getting to know a child and planning for admission, change of class, change of school or changes in their life requires parents and staff to engage in an equal partnership in which both learn from each other.

The aim of Great Western’s Transition Policy is to support, foster, promote and develop children’s, personal, social and emotional well-being; in particular, by supporting the transition to and between classes and school.

**Purposes/outcomes**

* Each class to offer a comprehensive transition period which is understood by staff, children and parents;
* To provide close links between practitioners, teachers and families, so that children and adults already know someone in the setting, school or class;
* To ensure that children and their families know what to expect when starting at the nursery or school setting.
* To ensure that each child is well prepared for the new experience, and is motivated to take part in it;
* To allow each child to take things at their own pace, without being singled out or pressured;
* Children to be encouraged by others without fear of ridicule;
* Every child to be able to find something within the setting which connects with his/her previous life experience;
* To ensure that children and families are able to communicate with staff in their own language where possible, and are fully aware of the routines, procedures and expectations of the setting, regardless of language;
* To provide parents and carers with the opportunities to share information, concerns or ask questions;
* Every child will have a chronology while they are at the setting and this will be included in the child’s transition folder.
* To continue to give parents and carers time to tell staff what their child is experiencing at home;
* Staff to demonstrate their respect for parent’s/carer’s knowledge by asking for their views and listening to what they say;
* To encourage parents or regular caregivers to support their child within the setting for as long as is necessary;
* To allow parents/carers and children short periods of separation which are gradually built up to the whole session, to limit stress and anxiety;
* To provide an environment which is safe, secure, welcoming and inviting for children, parents, carers and visitors;
* To create and maintain an ethos and learning environment that is responsive and flexible to cater for the entire range of needs;