**YFC Support Plan**

Please fill in this form as accurately as possible to enable us to meet your child’s requirements. This form will be reviewed annually, however if any of these circumstances change, please inform us.

|  |  |
| --- | --- |
| **Young person’s name** |  |

|  |  |
| --- | --- |
| **Date of birth** |  |

|  |  |
| --- | --- |
| **Address** |  |

|  |  |
| --- | --- |
| **Parent/carer name** |  |

|  |  |
| --- | --- |
| **Parent/carer email** |  |

|  |  |
| --- | --- |
| **Parent/carer** **mobile number** |  |

|  |
| --- |
| **Medical Requirements:**(This must include any regular or emergency medication, allergies or details of medical interventions etc) |

|  |
| --- |
| **Access Requirements:**(This may include physical access, supported transport, accessible parking or toilets, no strobe lighting, specific seating etc) |

|  |
| --- |
| **Communication Requirements:**(These may include: sign interpretation, communication boards, symbols, Braille, simple language, non-assumption based language both verbal and written etc. |

|  |
| --- |
| **Personal Care Requirements:**(These may include support with going to the toilet, eating, dressing, drinking, etc.) |

|  |
| --- |
| **Feeling Included Requirements:** (These may include having another young person identified to provide support, ensuring activities are accessible, having opportunities to opt out of a certain session, not being put on the spot, the session not being too noisy, being aware of the number of young people in the group, specific things you/your child likes or doesn’t like, etc.) |

|  |
| --- |
| **Any other relevant information that would be useful** |

|  |  |
| --- | --- |
| **Signed by child/young person** |  |

|  |  |
| --- | --- |
| **Signed by parent/carer** |  |

|  |  |
| --- | --- |
| **Signed by Club Officer/Leader** |  |

|  |  |
| --- | --- |
| **Date** |  |