



Autism New Zealand Inc.

Including Asperger Syndrome and Related Disorders

17 August 2011

Autism NZ Canterbury Branch October 2011 Holiday Programme

With much of the South Island currently undergoing snow storms it is hard to believe that Spring and the October Holidays are just around the corner!

Enclosed with this letter is a copy of the planned programme for the October Holidays, as well as a copy of all the information we currently have on file for your child in relation to their child profiles.

The majority of this information is gathered from the application forms and child information section in which you complete. We are happy for you to leave the Child Information section/behaviour section blank on this application form providing you amend any details that are no longer relevant or should be added into the existing Child Profiles we have. Once amending these child profiles please can you sign to confirm that the details have been read and amended.

For us to be ready in time for the October Holidays, and to ensure we have enough staff available to work, could you please ensure that families get their applications back into Autism New Zealand Canterbury Branch office **no later than Wednesday 14th September 2011**. To avoid missing out on the programmes please get your application back as soon as possible.

In addition to your child(s) application, please also remember to ensure that any Carer Support forms that are sent in are dated for the final day your child attends the programme. Any forms dated for before this will have to be sent back to you and amended as MoH no longer accept pre-dated forms. Can you please also ensure that you have enough days available still at the end of the Holidays to cover the days we will be claiming for. We have had a few instances in the past couple of holidays where we have had to resubmit for extra days. If you do not have a form on hand at present, please feel free to send this in later, the application and the activity fee is the important things we need before the holidays begin.

In the meantime if you have any queries then please do not hesitate to contact me,

Kind regards

Steve Potter
Programme Co-Ordinator
Canterbury Branch

Post: PO Box 42014, Tower Junction, Christchurch 8149

Physical address: Level 1, Trevino's Building, 22 Riccarton Road, Riccarton, Christchurch 8024

Tel: (03) 343 2225 ext 712

Fax: (03) 348 2527

Email: steve.potter@autismnz.org.nz

Autism – a different way of thinking

OCTOBER HOLIDAYS 2011

Welcome to the Timaru Holiday Programme!!!!

- ☺ The programme now runs on Monday's, Wednesday's and Friday's (unless a day falls on a statutory holiday)
- ☺ Our meeting place is Oceanview Heights School, 241 Selwyn Street, Timaru.
- ☺ If your child is sick, please ring the supervisor or Steve BEFORE 8am.
- ☺ If children require medication PLEASE send it each day – including Ventolin. Alternatively you could give the Programme Supervisor a supply to keep for the duration of the holiday programme.
- ☺ Wet day activities will be decided on the day needed and will consist of activities such as swimming, video, Library, arts & crafts and the Museum.
- ☺ Please send lunch, drink, togs and towel everyday
- ☺ Please make sure all clothing and personal items are named.
- ☺ Remember to sign your child in & out of the programme each day when you bring them.
- ☺ If your child is sick, Autism Canterbury is still required to charge your carer support. We sign the staff contracts prior to the holidays to ensure we have adequate staffing; therefore we have to pay staff according to their contract and cannot change this if your child is sick.
- ☺ Any questions, comments or problems please call Steve or the supervisor on the contacts below.

PLEASE REMEMBER EACH DAY:

- **Lunch & drink bottle**
- **Medication**
- **Togs & towels**
- **Sunscreen & Sun hat**

We look forward to seeing you and having a great time these Holidays!!!
Please feel free to contact me if you have any questions.

Thank you

Steve Potter

Autism Canterbury Office

Programme Supervisor
Programme Coordinator

- steve.potter@autismnz.org.nz














027 464 1538

03 343 2225

OCTOBER HOLIDAYS 2011

TIMARU PRIMARY HOLIDAY PROGRAMME
OCEANVIEW HEIGHTS COMMUNITY HALL

Supervisor -

<p><i>Welcome to Autism New Zealand Canterbury Branch's 2011 Holiday Programme</i></p> <p>Each day please remember to bring:</p> <ul style="list-style-type: none"> • Lunch • A drink bottle • Swimming gear (togs & towel) • Sun hat • Sunscreen!!! • Medication • Change of clothes 			<p>Programme runs from 9am - 3pm</p> <p>Oceanview Heights School, 241 Selwyn Street, Timaru</p>		
<p>Monday 10th October 2011</p> <p>Shearer's Quarter - Inc feeding animals</p>  <p>Mini Golf</p> 	<p>Wednesday 12th October 2011</p> <p>Horse Riding</p>  <p>Swimming</p> 	<p>Friday 14th October 2011</p> <p>Activities at Hall <i>Feel free to bring bikes/scooters/skate boards to hall if you have them</i></p>  <p>Library</p> 			
<p>Monday 17th October 2011</p> <p>Bus Ride</p>  <p>Swimming</p> 	<p>Wednesday 19th October 2011</p> <p>Caroline Bay Day Beach walks, playground, mini-golf etc</p>  	<p>Friday 21st October 2011</p> <p>Swimming</p>  <p>Fish & Chips Lunch</p>  <p>Activities at Hall</p> 			

• Please note this is not the final confirmation and some activities may change

OFFICE USE ONLY:	Cheque/Cash	\$	Group	
	C.S Form		Days Claimed	
	Invoice no.			

ENROLMENT FORM

Child's details

Name _____ Age _____ Ethnicity* _____

Diagnosis* _____ * Required for MoH Monitoring requirements

Enrolment details

Please circle the days you would like to enrol your child

	Mon	Wed	Fri
October 2011	10 th	12 th	14 th
	17 th	19 th	21 st

Venue

Please circle the venue in which your child will be attending:

- Marshlands Scout Hall, Christchurch (5-12 years – Primary aged)
- Irish Society Hall, Christchurch (12-16 years – Junior High aged) & (16-21 years – Senior aged)
- Hoon Hay Primary School, Christchurch (5-12 years – Primary aged)
- Oceanview Heights School, Timaru (5-12 years – Primary aged)

Staffing Ratio

My child requires 1:1 support or 2:1 support (please circle)

The minimum staffing ratio is 2 children to 1 staff support.

Activity Fees

The activity fee is \$12 inc GST per day which covers the activity costs for the programme.

Transport

Parents/caregivers are responsible for providing transport to and from programmes. - Staff will provide transport during the day.

Programme Fees

	Cost per day	No. of Days attending	Total
Carer Costs (required)	\$87.40 inc GST (1:1 care) OR \$43.70 inc GST (2:1 care)	_____ days	\$_____.
Activity Fee (required)	\$12 inc GST per day	_____ days	\$_____.
TOTAL COST			= \$_____.

Payment Method

Payment Method	<input type="checkbox"/> Carer Support (\$87.40 per day) – please claim _____ carer support days
	<input type="checkbox"/> Cash / Cheque – please find enclosed cheque for \$_____.
	<input type="checkbox"/> Invoice – _____ (name / organization)

If you are using carer support, you must return this enrolment form plus a signed Ministry of Health claim form. **Please ensure these are dated for after the care.** Spare carer support claim forms can be obtained from the Ministry of Health by calling free phone 0800 281 222.

Email address for confirmation of registration _____

REGISTRATIONS CLOSE ON WEDNESDAY 14th SEPTEMBER 2011

Family Details

Mother's name _____

Home address _____

Telephone _____ (day) _____ (after hours) _____ (mobile)

Father's name _____

Home address _____
(If different)

Telephone _____ (day) _____ (after hours) _____ (mobile)

People authorised to collect your child from the programme

Emergency Contacts (must be different from Family details)

Name _____ Relationship to child _____

Address _____

Telephone contacts _____

Name _____ Relationship to child _____

Address _____

Telephone contacts _____

REGISTRATIONS CLOSE ON WEDNESDAY 14th SEPTEMBER 2011

Version 2.1
February 2010

Child's Name _____

Doctors Details

Child's doctor _____ Telephone _____

Address _____

Additional information

Does your child have any particular health needs we should be aware of? E.g. allergies, food requirements, asthma, medical conditions. (See also Health Information Sheet attached) If medication is required please complete a medication form.

Is there anything else we should know about in order to take good care of your child? E.g. custody arrangements, special needs, cultural/religious issues (e.g. food, food preparation, special clothing) behavioural issues (see also Child Information Sheet attached)

Parent Contract

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

- I/we agree and acknowledge:
- I have read and understand the enrolment information, including the relevant fees and payment section.
- The Supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the Autism New Zealand Holiday Programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.

Health & Consent Forms: We are required by the Ministry of Health to have up to date records for all children/young people who attend the Holiday Programme. Please take the time to complete the attached forms and return them with your registration.

Concerns or suggestions for improvement: If, at any time during the holiday programme, you have a concern or a suggestion for improvement about any aspect of the programme please refer to the procedure attached.

Name of parent: _____

Signature of parent: _____ **Dated:** _____

Health Information Sheet

Immunisation Records

Is your child's immunisation programme up to date Yes / No

Allergies

If you child has any allergies please list them here:

Sickness

If a child has an infectious condition e.g. mumps, conjunctivitis, head lice, diarrhoea and/or vomiting (within the last 48 hours) or, is in need of individual nursing attention, he or she must be kept at home. If a child becomes ill during the course of the day, the parents/caregivers must collect them promptly. The health and safety of all children and staff is a main priority.

I understand this policy and agree to keep my child at home if he or she is ill, or I will collect them promptly if called by the supervisor.

Signed: _____ **Date:** _____

Accidents

Physical and emotional safety is paramount and all steps will be taken to avoid necessary stress and danger to children and staff. Staffing levels will be set so that all children receive the level of supervision necessary to ensure their safety and the safety of others.

If an accident occurs during the course of the day which requires medical attention, the staff will make every effort to contact you or your nominated emergency contact prior to seeking medical attention (if time allows). Wherever possible parents/caregivers will be expected to seek medical attention for their child.

In an emergency situation requiring hospitalisation, a staff member will stay with your child until you arrive. The staff member will supply the medical practitioner with your child's personal details provided by you as part of this contract.

Staff will be required to provide a report on any accidents and incidents that occur during the course of the holiday programme.

I give permission for holiday programme staff to seek medical assistance for my child in the event that neither I nor my nominated emergency contact persons can be reached. I agree that my child's personal medical details may be given to the doctor in such a situation. Autism New Zealand shall not be liable for any damages or costs incurred by my child's accidents or illnesses during the programme.

Signed: _____ **Date:** _____

Child Information Sheet

What are your child's current interests?

What goals would you like your child to achieve? E.g. an outing to a new place or a new activity. If you have specific goals that you are already working on, please list these so that the Holiday Programme can help.

What wet day activities would your child like to do?

Describe your child's eating and drinking abilities and needs

Describe your child's toileting and self-care abilities and needs

Behaviour Information Sheet

Are there any behaviour difficulties that we should be aware of? If so please describe:

Where does it usually occur?

Any particular time of the day it occurs?

How long does it last?

Who else is involved?

Any other contributing factors?

What is the current method of dealing with it?

Epilepsy/Seizure Information

Describe what happens before a seizure:

Describe seizure in detail:

How long does it usually last:

What to do during the seizure:

What support is required during the seizure?

Any other relevant information:

Consent Form

Programme

I consent for _____ to participate in the _____ Autism New Zealand Holiday Programme.

I understand that it is my responsibility to provide transport to the programme and any other items required for the programme.

Staff may, at any time, request children/young persons to be dropped off late, to be picked up early, or to take days off if it is in the best interest of the programme. At all times parents/caregivers will be given as much notice as possible, in the event this occurs.

I also understand that in the unlikely event the child requires removal from the programme for behaviour or health reasons I (or a previously designated person) will be available to collect _____ from the programme upon request.

I understand that staff of the Autism New Zealand holiday programme will keep all information relating to families involved in the holiday programme confidential during and following the programme.

Signature: _____ **Date:** _____

Print name: _____

Photographs

I give permission for Autism New Zealand staff to take photographs of my child for display on the web page relating specifically to Holiday Programme information and will contact Autism New Zealand if I would like Autism New Zealand to cease use of these materials.

Signature: _____ **Date:** _____

Data

I give permission to Autism New Zealand staff to collect data on my child's behaviour to better assess strengths, difficulties, and programme effectiveness. This information will only be used in a collated form and the individual details of the child will not be disclosed unless with express permission prior to the time of disclosure.

Signature: _____ **Date:** _____

Transport

I authorise Autism New Zealand to provide Transport for my child in relation to attending this holiday programme. Autism New Zealand will ensure that where transport is provided in a private vehicle, such vehicle will be registered and have a current warrant of fitness and will be driven by a fully licensed driver.

Signature: _____ **Date:** _____

Complaints, Concerns or Suggestions for Improvement

If you have a concern or suggestion for improvement Autism New Zealand wants to hear from you.

The steps for a complaint or suggestion for improvement are:

- Ensure you report the concern immediately. This will enable things to be followed up and dealt with quicker.
- Talk to the staff member or person directly as this may help resolve the issue.
- If you do not feel comfortable talking to the staff member or person directly, please speak to the Programme Supervisor.
- If this does not help to solve the issue then please contact the Autism New Zealand Inc Canterbury Branch (03 343 2225) to discuss a way to resolve the problem. You can also put your concern or suggestion in writing.
- If you contact the office and this doesn't resolve the problem, if you have not already done so, a staff member will put your complaint in writing.
- Written complaints will be given to the Chief Executive who will investigate. This may involve talking to you, or any staff member or other person who may need to be contacted.
- The Chief Executive will report back to you the outcomes and will work to resolve the complaint with you.
- If your complaint is not resolved a mediator, which both parties agree to, may be used to help resolve the problem.
- If your complaint is not resolved you can contact:

The Health and Disability Commissioner

PO Box 12 299, Wellington

Phone: 0800 11 22 33

Website: www.hdc.org.nz

- We would like to try and ensure that all complaints and concerns are followed up and completed to a satisfactory standard for all parties before the next set of holidays are due to begin.
- If approval is sought, parents may seek advice in regards to issues from Child, Youth and Family services.

Please remember that:

- ***If you are happy with our service to you we would like to know.***
- ***If you are unhappy with our service we would like to know that too.***
- ***If we are not told we cannot help.***

