



Participant Information

Participant Name _____

Home Address _____

Phone Number _____ Date of Birth _____

Email Address _____

Gender Male ☐ Female ☐

Emergency Contact

Name _____

Home Address _____

Phone Number _____ Email Address _____

Relationship to Participant _____

How did you hear about Social Circles?

Word of Mouth ☐ Radio ☐ Local Paper ☐ My Day Service ☐ Social Media ☐

Booking Confirmation

We have places available for the whole weekend 3pm Friday 27th October - 3pm Sunday 29th October OR you can attend for the day programme only. Please indicate what you are booking:

Whole Weekend

3pm October Friday 27th - 3pm Sunday October 29th **€750** ☐

Day Programme Only

Friday 27th October 3pm - 10pm / Saturday 28th October 10am - 10pm / Sunday 29th October 10am - 3pm **€375** ☐

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Prices above are for participants who can take part in the activities as part of a group with 1 staff to 3/4 participants during the day. If you require 1:1 support, prices are as follows:

Whole Weekend - 3pm Friday October 27th - 3pm Sunday October 29th **€1300** ☐

Day Programme Only - Friday 3pm - 10pm / Saturday 10am - 10pm & Sunday 10am - 3pm **€645** ☐

Booking Deposit

A deposit of €250 is required to reserve your spot on the Social Circles Weekend Farm Academy. All deposits are non-refundable and non-transferable. You will be required to pay the booking deposit after the Zoom 1:1 Introduction Meeting.

Transport

We may be able to offer you transport to and from the weekend academy.

If you are interested in this please tick here: ☐

Please note that there will be an additional charge for this service and we will contact you directly to discuss.

Confirmation

I have reviewed, understand and agree with the Farm Academy policies and procedures outlined in the guide that accompanied this form - and are also available on the website.

Signature:

Print Name:

Date:

I am the participant: Yes ☐ No ☐

If you are not the participant, what is your relationship to them?



Participant Name _____ Date of Birth _____

Disability _____

The Farm Academy is aimed at adults (over 18) with mild to moderate intellectual disability. Autistic participants are welcome.

Participants need to be able to engage as part of a group. However, if a person would like to participate and requires 1:1 support, this may be possible to arrange - please contact us.

Participants must be able to walk up and down the stairs safely.

Participants must be able to take their own medication.

Our weekends are alcohol / smoke / vape / drug free.

There are animals on the farm - if you are allergic to animals then this weekend is not for you.

We would like to get some information about your abilities and the supports you will need. We will do a full review when we meet before the weekend, but please answer the following questions honestly now:

Mobility, Transfers and Road Safety

I walk independently ☐ I need assistance to walk ☐

Tell us about any support you need to walk, sit down, get into cars, get into the bed and use the stairs here:

Tell us about your sense of direction and how you are when walking near to traffic - can you cross the road safely?

Activities of Daily Living / Personal Care

	Indepe ndent	Verbal Prompts	Hand Over Hand	Total Assistance	Comments
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buttons / Zips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tie Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hair washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Your Senses

Do you have any problems with your hearing? Do you wear glasses? Are you sensitive to noise, touch or smell?

Tell us more in the box below.

Communication

Please tick all that apply

Expressive Communication		Receptive Communication	
Verbal: Can be clearly understood	<input type="checkbox"/>	Can easily understand and follow verbal directions	<input type="checkbox"/>
Verbal: Is difficult to understand	<input type="checkbox"/>	Understands sign language	<input type="checkbox"/>
Non Verbal	<input type="checkbox"/>	Needs time to process and act on instructions	<input type="checkbox"/>
Limited verbal vocabulary	<input type="checkbox"/>	Needs reminders and cues	<input type="checkbox"/>
Uses Gestures	<input type="checkbox"/>	Cannot process / does not follow directions	<input type="checkbox"/>
Uses Sign Language	<input type="checkbox"/>	Other means of communication:	<input type="checkbox"/>
Uses Communication Device	<input type="checkbox"/>		

Behaviour

Do you have a behaviour support plan? Yes ☐ No ☐

Do you have a history of physical aggression? Yes ☐ No ☐

Do you have a history of verbal aggression? Yes ☐ No ☐

Do you have a history of wandering / running away from the group? Yes ☐ No ☐

Do you have a history of climbing out of windows? Yes ☐ No ☐

Do you have a history of self-harm or suicidal thoughts? Yes ☐ No ☐

Please use this space to tell us more about your behaviour that is relevant.

Epilepsy

Do you have epilepsy or seizures? Yes ☐ No ☐

If yes, when was the last one you had? _____

Do you carry Buccal? Yes ☐ No ☐

Allergies

Do you have any allergies? Yes ☐ No ☐

If yes, please tell us about them below

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Sleep - Tick all that apply to you

No concerns sleep throughout the night	<input type="checkbox"/>	Wakes up to toilet independently	<input type="checkbox"/>
Wakes up to toilet, needs assistance	<input type="checkbox"/>	Wanders at night	<input type="checkbox"/>
Wakes before 7am	<input type="checkbox"/>	Requires medication to sleep	<input type="checkbox"/>
History of falling out of bed	<input type="checkbox"/>	Requires observation when sleeping	<input type="checkbox"/>

Medication

We do not administer medication - we can remind you to take it. Please list the medications you are on here

[illegible]

Diabetes and Food Preferences

If you are diabetic, or have a special diet, need drinks thickened or food served in a certain way, please tell us below. Tell us if there are any foods you don't like or if you are allergic to any food here.

Any other relevant information

If there is anything else we need to know about you to support you to have a great weekend, please let us know here.

Signature

Name of the person completing the Skills Check Sheet: _____

Date: _____

Terms and Conditions - Please read carefully

Waiver of Liability: I, the Participant or on behalf of the Participant as a parent or guardian of the Participant, understand that Social Circles and its agents, employees, directors and successors (hereafter collectively referred to as "Social Circles") makes efforts to conduct itself in a safe and responsible manner. I understand that all of Social Circles actions and/or inactions involve certain inherent risks which may result in injury, illness or even death to the Participant. I recognise these risks and agree to assume all liability for these risks regarding the Participant. I, individually or on behalf of the Participant as a parent or guardian of the Participant, hereby waive, release, hold harmless and forever discharge Social Circles from any and all claims and causes of action of any kind or nature, including any negligent acts and/or omissions by or on behalf of Social Circles. Neither I nor the Participant will bring any such claim or cause of action of any kind or nature against Social Circles. I, the Participant or on behalf of the Participant as a parent or guardian of the Participant, further agree to indemnify, defend and hold harmless Social Circles from any such claims or causes of action of any kind. By placing my signature below, I acknowledge and agree that I have read this agreement, that I understand all of the terms and conditions contained herein, and that this agreement will be in full force and effect during all of the Participant's involvement with Social Circles at any time. For any activities that relate to Social Circles, the definition above shall include the Gurteen College and all of such entities' agents, servants and/or employees.

Initial: _____

Additional Release: I also understand that Social Circles reserves the right to determine sending a participant home, at the participant's expense, if a participant exhibits inappropriate behaviour, is sick for more than 24 hours, or is not having a successful experience. This is done at the discretion of the Academy Director.

Initial: _____

Additional Release: Staffing and Suitability: I, as a parent or guardian of the Participant, understand that Social Circles provides two waking overnight staff. Social Circles generally provides supervision of participants at the following participant to staff ratios: During daytime hours (8am to 10pm, most participants will generally receive staffing at a 4:1 ratio. 1:1 staffing will be provided, for a fee, on a limited basis. 1:1 may be suitable for participants unable to take part in a group, who are unable/unwilling to attend at least 70% of activities, require multiple redirections due to past aggressive or self-injurious behaviours, or who have complex needs or campers. I understand if this additional support is needed, the parent or guardian must make arrangements with Social Circles in advance to pay an additional fee. The Academy is not suitable for wheelchair users. If the participant is staying overnight they must be able to walk up and down stairs safely with the use of a handrail. I understand staff are unable to support administration of medication, with the exception of Buccal in an emergency.

Initial: _____

Additional Release Transport: With my signature, I acknowledge that I understand that as part of participation in services provided by Social Circles, transportation may be provided to the Participant for programme related purposes by a staff member in a Social Circles vehicle or in a staff member's personal vehicle. I understand that it is the responsibility of the Participant to adhere to all safety requirements (for example, using seatbelts and remaining seated).

Initial: _____

Additional Release Emergencies: With my signature, I certify that I will accept emergency services offered by Social Circles for injury and/or illness. I hereby acknowledge that the designated first aid person in charge may perform emergency care and I hereby grant permission to Social Circles to release any medical information required by said individual and do hereby give permission for treatment. I understand that medical care will be provided to the Participant according to the standards of PHECC and said designated first aid person is protected from liability under the Good Samaritan Act. If necessary I give permission for Social Circles to transfer the participant to hospital as required. I hereby give consent to Social Circles to take a recent photograph of the Participant and keep it on file, to be used in the event a missing person's report must be filed. I also give my consent to Social Circles to release this photograph and other necessary information to Gardai and any other agency for the sole purpose of filing a missing person's report.

Initial: _____

Additional Release Photography (Optional): I hereby give my consent to Social Circles to use my likeness in any and all photographs, videos and other forms of written or oral communication for the purpose of marketing, public relations, publicity and all other activities Social Circles shall deem necessary to fulfill its stated mission. Further, I give my consent to display my likeness in any part of Social Circle's facility, as well as slide shows, videos, displays and other forms of written and oral communication for the purposes of marketing, public relations, publicity and all other activities Social Circles shall deem necessary to fulfill its stated mission. This consent is authorised without any expectation of compensation or remuneration to be paid to me by Social Circles, or any third party, for the use of my likeness in photographs, videos or any other form of oral or written communication Social Circles shall deem necessary to fulfill its stated mission.

Initial: _____

With my signature, I understand that if I have misrepresented or failed to inform Social Circles of any special needs or services the participant has or requires, Social Circles may not be able to appropriately and safely provide support. If this occurs, I understand and agree that Social Circles can terminate participation in the programme and I understand and agree that should the participant be required to leave the programme, no money will be refunded to me.

Signature of participant / parent or guardian: _____

Printed Name: _____

Date: _____