

BADAGUISH CENTRE

APPLICATION FORM - ACTIVITY HOLIDAYS/SHORT BREAKS

<p>Date/s Requested:</p> <p>Name of Guest:</p> <p>Date of Birth: ___ / ___ / ___ Age:</p> <p>Address:</p> <p>Postcode:</p> <p>Tel. No:</p> <p>E-mail:</p>	<p><u>Dressing:</u> Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Comments:</p> <p><u>Toileting:</u> Independent <input type="checkbox"/> Will communicate needs <input type="checkbox"/> Needs assistance <input type="checkbox"/> Wets/soils bed <input type="checkbox"/> Comments:</p> <p>Is there a preference who assists in personal care? Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/></p>
<p><u>Disability and any other Diagnosis</u> (Please list disability and any other medical conditions, diabetes, angina etc.)</p>	<p><u>Communication:</u> Speaks <input type="checkbox"/> Will communicate needs <input type="checkbox"/> Uses signs <input type="checkbox"/> Other <input type="checkbox"/> Comments:</p>
<p><u>Emergency Contact:</u> Name: Relationship: Address:</p> <p>Tel No: Daytime: Evening:</p>	<p><u>Swimming</u> Swimmer <input type="checkbox"/> Non Swimmer <input type="checkbox"/> Requires Supervision <input type="checkbox"/></p> <p><u>Are there any risks we need to be aware off?</u></p>
<p><u>Special Requirements:</u> Night Attendance:</p> <p>Are night checks required YES/NO? If yes, how often (i.e. 11pm & 6am)?:</p> <p>Normally sleeps from _____ to _____</p> <p>Special Equipment Required:</p> <p><u>Mobility:</u> (Electric Wheelchair users - please bring them with you along with clamps/guidance on securing them into our minibus) He/she can walk independently <input type="checkbox"/> Uses crutches <input type="checkbox"/> Assistance needed <input type="checkbox"/> Uses a wheelchair <input type="checkbox"/> Uses an electric wheelchair <input type="checkbox"/> Comments (i.e. hoist or uses specific transfer):</p>	<p><u>Hobbies & Things That I Like To Do:</u></p> <p><u>Why I Want To Go To Badaguish:</u> (or any other comments) Please remember: the more information and guidance we receive, the more positive the persons experience will be</p> <p><u>For Office Use Only:</u> Ack Date: ACC. Ref: Inv No.</p>

ADDITIONAL INFORMATION

(Please expand on why the person named in this application form wants to come to Badaguish and what they hope to develop and/or achieve during stay. Please also list any other information you feel would help us create a happier and more enjoyable stay for their stay at Badaguish.)

ADDITIONAL INFORMATION (Recording sheet for staff use only)

Comments	Initials	Date	Time	Contact
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BADAGUISH MEDICAL INFORMATION / CONSENT FORM

(PLEASE ATTACH ANY OTHER IMPORTANT INFORMATION)

Date/s visiting Badaguish:																
Name of Guest.....		Date of Birth: ___/___/___														
Address:																
Postcode:		Tel No: E-mail:														
Emergency Contact: Name: Address: Postcode:	Relationship to Guest: Tel No: Daytime: Evening: Mobile:															
Family Doctor: Name: Tel No.	Surgery Address:															
Medical Information:																
Allergies:		Dietary Restrictions:														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> Epilepsy: YES <input type="checkbox"/> NO <input type="checkbox"/> If epileptic, please include seizure profile/care plan and emergency medication protocol. </td> <td style="width: 50%; padding: 5px;"> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">TONIC</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">ATONIC</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">CLONIC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">ABSENCE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">TONIC CLONIC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">OTHER</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </td> </tr> </table>			Epilepsy: YES <input type="checkbox"/> NO <input type="checkbox"/> If epileptic, please include seizure profile/care plan and emergency medication protocol.	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">TONIC</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">ATONIC</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">CLONIC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">ABSENCE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">TONIC CLONIC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">OTHER</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	TONIC	<input type="checkbox"/>	ATONIC	<input type="checkbox"/>	CLONIC	<input type="checkbox"/>	ABSENCE	<input type="checkbox"/>	TONIC CLONIC	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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TONIC CLONIC	<input type="checkbox"/>	OTHER	<input type="checkbox"/>													
Frequency:																
ALL MEDICATION SHOULD BE PROVIDED IN ORIGINAL PHARMACY CONTAINERS/BOXES COMPLETE WITH NAME LABEL AND DOSAGE. IF DOSETTE BOXES (OR SIMILAR) ARE USED PLEASE ATTACH A PHARMACY PRINT OUT OR GP LETTER OF MEDICATION DETAILS AND DOSAGE REGIME. Please send only the required quantity of medication for the duration of stay plus 1 or 2 extra doses in the event of spoilage.																
Medication/Medical Consent																
<u>Drug</u>	<u>Dosage</u>	<u>When</u>														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
Are you happy for Badaguish sun cream and midge repellent to be applied if necessary? YES/NO																
I hereby consent to the Badaguish staff (or accompanying social work staff) administering the listed medication and give my consent for emergency medical treatment for the above named guest.																
Signed:		Date:														

Speyside Trust/Badaguish Centre is registered with the Care Inspectorate

BADAGUISH PHILOSOPHY OF CARE

Our aspiration is to offer people who require additional support / care, (due to a learning disability and / or complex disabilities), a holiday experience that is stimulating, interesting and fun. We encourage participation in as wide a choice of outdoor activities as possible. The emphasis is on people's abilities and what they can do and how we might support them to make it possible for them to achieve what they hope for from their stay with us.

The holidays are for small groups of 6 – 10 people and take place under the personal supervision of Rhona Graham, the Care Manager

Accommodation comprises of twin rooms with the possibility of single occupancy on request. When capacity allows guests will have a room of their own.

NB: The shower / bath / toilet facilities are **not** ensuite

The care team has both male & female members who can all provide any personal care that is required. If a preference is stated regarding who carries out the personal care we will do our best to accommodate that request if appropriate and possible

Staff training focuses on developing the skills to create an intimate and supportive environment where visitors can enjoy the opportunity to make new friends and take part in new activities with confidence.

It is our intention to offer activities in a way that will enable personal development in many different aspects of life. Activities take place in as integrated a setting as possible and Badaguish Centre caters for the general public and many other organised youth groups. Our programme of activities and visits makes maximum use of the Cairngorm National Park and the surrounding community facilities.

We aim to promote an active, healthy and sociable lifestyle developing recreational skills which will continue to have an impact on people's lives after they have gone home.

Activities are carried out strictly within the terms of reference set out in the Badaguish Care and Safety Policy and where appropriate, within the recommendations of the relevant National Governing Bodies.

NB It is our duty of care to provide good risk assessment, management and staff training This can minimise but not eliminate the inherent risk of accident or injury.

DATES AVAILABLE:

April - October: Holidays run Monday to Friday with some 2 week places available.

November - March: Holidays run Friday to Tuesday Flexible Short breaks (Weekends) are possible. Please ask for details

ARRIVAL/DEPARTURE TIMES:

3 Days: Arrive 4pm Depart between 10 – 11am

5 Days: Arrive between 1 – 2pm (after your lunch) / Depart between 1 – 2pm (after lunch here)

Please note: It helps us provide a good holiday experience for our guests if we get the opportunity to speak with family members and/or carers on arrival. It is very important to us receive the most up to date information about the guest including current contact numbers of parents / carers and we also like, when possible, to receive and check any medication with guests / parents and/or carers present.

As people are coming from all over Scotland and sometimes arrive at the same time this can take a bit of time so please feel free to enjoy Badaguish whilst you wait.

TRANSPORT / TRAVEL DIRECTIONS

Badaguish is situated approx. 5 miles from Aviemore. Follow the road signs for Cairngorm and Loch Morlich. Badaguish is signposted on the left before Loch Morlich. Carry straight on up the forest road for 1.5 miles The Holiday Lodge is over to the left beyond the outdoor Sports Hall

Transport to / from Aviemore rail / bus station is available by arrangement.

NB When coming to collect people, please identify yourself to a member of staff on arrival.

HOLIDAY FEES (payable in advance)

From 1 April 2017:

5 Days

£ 1025 if paid 28 days in advance of visit
£ 1240 if paid within 28 days of visit

3 Days

£ 615 if paid 28 days in advance of visit
£ 744 if paid within 28 days of visit

The cost includes full board (accommodation as stated): choice of activities and 24-hour care.

Guests' fees may be eligible for full payment under Respite Care Allowance. Please contact your Social Worker or Care Manager to discuss

CANCELLATION:

Please note: fees are **non-refundable** in the event of cancellation **less than three weeks prior** to the visit.

50% can be refunded on production of a doctor's certificate or in similar circumstances.

BOOKING CONDITIONS

Places will be confirmed on receipt of a **completed application form, together with full payment of the fee or with payment authorisation** from the Social Work Department.

PAYMENT AUTHORISATION & INVOICE ADDRESS:

Name:

Address:

Postcode:

Tel No.

E-mail:

I confirm that I have read and accept Badaguish Philosophy of Care and Terms and Conditions above.

Signed: _____

Date: ____/____/____

Social Work Contact: (If different from invoice name given above)

Name:

Tel No.

.....

Please sign above and return to:

Badaguish Centre
Aviemore,
Inverness-shire
PH22 1AD.

Tel: 01479 861382 (Care Manager)
01479 861388 (Holiday Care Lodge)

Email: rhona.g@badaguish.org

Website: www.badaguish.org

BADAGUISH CENTRE

Photography and video film consent form

This form must be completed before photography/video filming takes place.

Specific Consent:

By signing this form **you are agreeing** that the image/s or video film may be published/broadcast alongside a generic text of The Speyside Trust Badaguish Centre which may include, but limited too advertising the centre, disability awareness, social media, raising awareness and promotion of events within the local and wider community. Image/s will NOT be used in the specific context of unless I have given my specific consent below:

1. I (the signature) hereby grant The Speyside Trust Badaguish Centre and any assignees or licensees the absolute right to use the images resulting from the photography/video filming shoot, and any reproductions or adaptations of the images for any purposes in relation to The Speyside Trust Badaguish Centres work including, without limitation, the right to use them in any advertisements and other publicity materials, direct mail, books, newspapers, magazine articles, television programmes and internet publications throughout the world wherever The Speyside Trust Badaguish Centre chooses to do so.
2. I understand that I do not own copyright or have any rights of ownership or other claim over the images.
3. I understand that the images will be identified with a false name unless I specifically agree for my name to be used, and that text may suggest that I live with or am subject to a particular issue or live in particular circumstances in order to promote The Speyside Trust Badaguish Centre work. I will not make any claim in relation to privacy, defamation or passing off in relation to any uses of the images within the scope of this consent.
4. I understand that The Speyside Trust Badaguish Centre will keep all the images and use them for such period as it considers appropriate, and will move them into its image archive for posterity once they are no longer appropriate for the modern image library.
5. The Speyside Trust Badaguish Centre agrees only to use the images with text that refers to the areas of work consented to below, and will also include generic text.

Your details:

First Name:		Family Name:	
Guest Name (present on images/film):			
Telephone:			
Email:			

Please state here if there are any ways in which you do NOT want us to use photo/s of you:

Signed (or typed if email):		Date:	
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Data protection statement: Other than as specified above, the information that you give us here will only be used to contact you about these photo(s). We will not pass the details recorded on this form on to any other organisation without your permission.