

NAVAN SPRINGBOARD COMPANY LIMITED

Operating as

Navan Springboard Family Support Services

81 / 82 BLACKCASTLE LODGE, FLOWER HILL CRESCENT

NAVAN, CO. MEATH

TEL NO: 046 9078221/9078220

Client Information

Your Name: _____ Date of Birth: _____

Address: _____

Ph No: _____

Name and age of your children: _____

Navan Springboard Family Support Services provide a range of community based services to support adults in their parenting role, primarily for the benefit of their children. The core services we provide are funded by the Child and Family Agency. Before commencing work with you, we wish to inform you what working with us means and any implications it may have for you and or your children.

Our Ethos

In Springboard everybody is accepted for the talents, strengths, skills and resources they possess. In our work with you and if appropriate your children we aim to be respectful, caring, empowering and professional. The best interest of your children is our first priority. Ultimately it is our hope that your family life will be a happy and nurturing experience for everyone. We work in an open fashion and to that end we wish to point out the following.

Record keeping.

We keep electronic records of our contact with adults and their children. The records are password protected and confidential. If we only work with a parent we keep the record for 8 years, if we undertake direct work with the child(ren) and or their parent we keep the records for up to 70 years. (The duration of holding child records is under national review). Your personal records can be viewed by you in accordance with our Data Protection Policy which is available upon request.

I understand and accept that records are kept as outlined above;

Signed: _____ Date: _____

Confidentiality

Our work with you is confidential. We will only speak with other agencies involved with you and or your family with your agreement. However under the National Guidelines for Children First, if we become aware of children at risk of neglect and or abuse we are duty bound to contact the Child Protection Social Work Department and or the Gardaí. Where appropriate we will discuss our concerns with you ahead of making contact with the Social Workers and or the Gardaí. Our Child Protection

and Confidentiality policies are available upon request.

I understand and accept confidentiality with Navan Springboard as outlined above;

Signed: _____ Date: _____

Permission to contact relevant individuals / agencies

I give my consent for the staff at Navan Springboard Family Support Services to contact individuals or agencies who may have worked with or who are currently working with my child and / or my family. The relevant agencies may include;

Signed: _____ Date: _____

Direct work with Children

Parental / Guardian Consent Form

Name of Child: _____

Medical History: _____

Allergies: _____

After a session or activity, Springboard policy requires that the child be returned to the care of an adult. Generally speaking this is a parent of the child. In the event that you are unable to collect your child or are not at home when we return your child and we cannot make contact with you please give us the name, address and telephone no. of an alternative adult who may receive your child;

Name _____ Tel no. _____

Address: _____

If in the unlikely event that Springboard staff are unable to return your child to your care or that of a person nominated by you, Springboard staff may have to place your child in the care of An Garda Síochána. All such incidents must be notified to the local social work department of the Health Service Executive.

I give consent for my child _____ to attend the Springboard Family Support Project. This includes consent for my child to attend the full range of Springboard activities. This may include individual support sessions, group programmes, individual and group trips, outdoor pursuit activities i.e. canoeing, rock climbing, archery etc. I also give consent for my child to receive any medical treatment that he / she may require if I cannot be contacted, including anaesthesia. Should my child commence any medication during his / her engagement with Springboard, I shall inform Springboard staff of this.

Signed: _____ Staff member: _____

Date: _____ Date: _____

Joint Commitment Statement.

Staff Member.

I _____ as an employee of Navan Springboard Company Ltd undertake to work with you to the best of my ability and in doing so to treat you and your family with the utmost respect. If you are not happy with my work or at any stage not satisfied with how things are going, you have the right to complain. If you have any concerns about the work that I undertake with you or your family, please feel free to discuss them with me / or the Manager at the above address. A copy of our Feedback, Compliments and Complaints Policy is available upon request.

Staff member Date

Parent Commitment Statement.

I _____ have discussed this document with _____ and I am satisfied with its content. I agree to work and co-operate to the best of my ability with Navan Springboard Family Support Services Staff.

Parent Signature

Date