

AVEGATES

SOCIAL EXPERIENCE NETWORK



About our Avegates School Holiday Program

- The success of the Avegates School Holiday program has seen it grow, and it is now operating at a number of locations across Queensland.
- The program is designed to provide our customers with a range of fun activities that enable social skills development, and connection through positive friendships and relationships with their peers.
- Each day of the program offers new activities and experiences for all children attending. Activities have been developed with NDIS goals in mind and are designed to encourage all attendees to have an amazing time and make some great new friends!
- We have fantastic fully qualified support staff, who all have current Medication Administration Training, Advanced First Aid and CPR, and Blue and Yellow Cards.

Costs

Costs for supports provided are generally claimed through NDIS funding. In addition to the support costs there is a small out of pocket fee charged for each day which depends on whether or not you would like food provided for your child on the day. This additional cost is not claimable under NDIS funding. Additionally, if you wish to pay out of pocket for the support costs this can be arranged, please contact our team directly for a quote.

\$15 per day with Morning and Afternoon Tea provided on each day for all children (excluding special events & activities as noted on the calendar/booking form which may incur an additional charge)

Program Time	9am to 3pm (early drop off or late pick up is available upon request)
Participant age requirements	Must be aged between 5 and 18 AND currently attending school
Medication	If your child needs us to administer medication during their time at the program, then a medication management chart will need to be completed and returned before the program starts. Please let us know if this is the case and we can walk you through the process.
Other important info	<p>This program is suitable for children who can be supported in a group environment. If at any stage you need to cancel or amend your booking, please ensure you allow adequate time for the change to be made. Details of required notice periods are outlined in your Service Agreement.</p> <p>Maximum number of children per day allowed: 15 (excluding out excursions) for safety and supervision reasons.</p>

Parent feedback

“To provide context, Caitlin is 15 years old and has Prader-Willi Syndrome, a condition which requires special management of eating due to constant struggles of hunger,” Kim said.

“Caitlin loves playing outside in the playground and the carers came up with ideas for eating that made it easy for Caitlin.

“I’m thankful for their great care and the information sharing that really benefited my daughter. It gave me peace of mind and the ability to attend to daily living requirements knowing she was in good care. We’re already looking forward to attending the program during the next school holidays,” she said.

“It’s comforting to know that when I pick Josh up at the end of the day, he is excited and has obviously had a fun day.

“The program is tailored to Joshua’s needs and has good variety of activities, so I know Joshua is well cared for while giving the rest of my family great respite.”

1.



Fill out the Avegates School Holiday Program booking pack.



Email it to avegates.experience@multicap.org.au



Ensure that you complete all sections of the paperwork in as much detail as possible.

2.

Someone from our team will give you a call to confirm your booking and ask any additional questions that may have been missed in the booking pack.



3.



We will send you a Service Agreement, Consent Information and a Schedule of Support.

a. The Schedule of Support will show you the funding we will be claiming for your child's attendance at the program.

b. The Service Agreement will outline all of our standard terms and conditions as part of the supports that we provide for your child.

c. The consents cover the storage of your child's support requirements and other personal information, acknowledgement and agreement of our standard policies and procedures, and media consent/photo use.

You will need to review the documentation and sign at the marked points and return to us. If you are unable to print, sign and send back, please give our team a call so we can discuss other options available to you.

4.



We will send you a confirmation email the week before the program to confirm your child's attendance, introduce you to your program leader and provide you with any information or reminders you may need.



Program Location		Booking Closes	
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Included in this pack are the following forms to be completed and returned via email to avegates.experience@multicap.org.au

Name of Form	Description	Who needs to complete
Booking Form Page 2-4	Includes NDIS details, attendance details, support requirements and authorised collection sign off.	All customers
What you need to know about me Page 5-7	Provides information about your child and what they like, don't like and specific things we need to know to ensure they have a great time!	Only complete if your child hasn't attended an Avegates School Holiday program in the last 12 months, or if something significant has changed in their medical history or support needs.



- All customers must have adequate NDIS funding or be self-funded
- Multicap will claim against the total hours recorded below
- You must provide adequate notice of cancellation as noted in your service agreement
- There is an out of pocket daily cost of \$15 per day (excluding special events & activities as noted on the calendar/booking form)

Child Name				Date of Birth	
Parent/ Guardian Name					
Contact Number					
Email Address					
NDIS Number					
Plan Start Date				Plan End Date	
Funding Management	<input type="checkbox"/> NDIA Managed	<input type="checkbox"/> Self Funded	<input type="checkbox"/> Self Managed	<input type="checkbox"/> Plan Managed	
Plan Manager's details					
Plan Goals					



Please note: **ONLY** authorised persons listed on this form will be permitted to pick up your child. Please list yourself and any other parent or guardian first, followed by any other adults you authorise to pick up your child. **By signing, you give permission for any adults listed below to pick up your child for the duration of the program.**

Child name:	
Parent/Guardian Name:	
Parent/Guardian Signature:	
Date:	
Authorised Parent/Guardian (1)	
Parent/Guardian Name:	
Contact Number:	
Authorised Parent/Guardian (2)	
Parent/Guardian Name:	
Contact Number:	
Other Authorised Adult (1)	
Name:	
Relationship (Relative/Friend/Day-Care Provider etc)	
Contact Number:	
Other Authorised Adult (2)	
Name:	
Relationship (Relative/Friend/Day-Care Provider etc)	
Contact Number:	

My name is:		And I am (insert age)	
I live at (insert address)			
I am (insert gender)			
The best people to contact in the case of an emergency are:			
Name:		Name:	
Relationship:		Relationship:	
Phone Number 1:		Phone Number 1:	
Phone Number 2:		Phone Number 2:	
Email:		Email:	
I was born in:		and the main language we speak at home is:	
These are the things I do or don't like (please list):			
Like	Dislike:		
My favourite foods are:			
I don't like eating or am unable to eat:			
I usually drink:			
I get upset or angry when:			
You can tell I am upset or angry when I:			
If I am angry or upset you can help me calm down by:			
I get scared when:			

I do <input type="checkbox"/> do not <input type="checkbox"/> like crowds or large groups of people			
I sometimes do the following:			
<input type="checkbox"/> Show aggression towards myself	<input type="checkbox"/> Show aggression towards others		
<input type="checkbox"/> Damage the things around me	<input type="checkbox"/> Have verbal outbursts		
<input type="checkbox"/> Other behaviour of concern:			
Further Information			
I have a PBSP* plan by a registered PBS practitioner (please tick):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	*Positive Behaviour Support Plan
I prefer the people supporting me to be (please tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No preference
Medical Information			
My Doctor (GP) is:			
Medical/Specialist Centre:			
Street Address:			
Phone Number:			
Email:			
It is important that you know the following information about my medical history:			
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of Epilepsy		
Anaphylaxis <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, triggered by:		
Other medical condition:			
Approx date of diagnosis:			
Causes/triggers:			
Additional notes/information:			
Other medical condition:			
Approx date of diagnosis:			
Causes/triggers:			
Additional notes/information:			

I will won't need to take medication while I am at the program

Medication:

Name of medication (if applicable)	
Reason for taking:	
How much/when:	

Disability:

My primary disability is:	
My subsequent disabilities are:	
I need to use the following mobility aids or equipment to move around:	

Communication:

I prefer to communicate (please tick) Verbally Non verbally Mixture of both

Specifically I prefer the following:	
<p>Verbal communication (tick which apply)</p> <p><input type="checkbox"/> Single words</p> <p><input type="checkbox"/> Short phrases</p> <p><input type="checkbox"/> Fluent</p> <p>Additional information:</p>	<p>Non-verbal communication</p> <p><input type="checkbox"/> Gestures</p> <p><input type="checkbox"/> Sign / key word</p> <p><input type="checkbox"/> Communication Device</p> <p>Additional information:</p>

Bathroom & Hygiene: (tick which applies)

<input type="checkbox"/> I do <input type="checkbox"/> do not need prompting or reminders to go to the toilet
<input type="checkbox"/> I do <input type="checkbox"/> do not use toileting aids / incontinence products
<input type="checkbox"/> I do <input type="checkbox"/> do not need assistance with my hygiene arrangements during my menstrual cycle