

# Play Therapy Pod Application Form

## Checklist for Play Therapy Pod Application

For this application, you will need to provide:

Completed Family Play Therapy Pod form (this form).

You may also provide:

Photo – if agreed.

## Child's Details

<b>First Name:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Prefer not to say
<b>Please tell us the child/young person's diagnosis and prognosis (please attach separate sheet if required):</b>	
<p><b>Is the child's condition considered to be a:</b></p> <p><input type="checkbox"/> Significant disability      <input type="checkbox"/> Life threatening condition</p> <p><input type="checkbox"/> Life limiting condition      <input type="checkbox"/> Terminal illness</p> <p><i>Newlife defines a significant disability as being a physical and/or cognitive impairment which affects activities of daily living. A life-threatening condition should be defined as a condition whereby the next period of ill health would make it likely that life- sustaining intervention would be needed. Newlife defines a life-limiting condition as a condition that results in a shortened life expectancy, as opposed to having limited life experiences that could affect quality of life. A terminal illness is generally defined as not being expected to live longer than six months and/or a person who has an advanced care plan to meet end of life care needs.</i></p>	
<b>Is the child/young person a resident of the UK?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**How would you describe the child/young person's family situation? (Tick any that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Living with both parents (include step-parents) Living | <input type="checkbox"/> Looked After Child (Local Authority |
| <input type="checkbox"/> mainly with one parent                                 | has parental responsibility)                                 |
| <input type="checkbox"/> Living with care given, at different                   | <input type="checkbox"/> Fostered                            |
| locations, by both parents  | <input type="checkbox"/> Adopted                             |
| <input type="checkbox"/> Court issued Child Arrangement Order                   | <input type="checkbox"/> Residing in School                  |
| <input type="checkbox"/> Court issued Special Guardianship Order                | <input type="checkbox"/> Residing in Care Home               |
|   | <input type="checkbox"/> Other (please specify)              |

**Does your child have epileptic seizures?** If so, please record the extent to which these are controlled and if there are any known triggers for these seizures - such as flashing/bright lights, loud noises etc. Please note that if we believe there to be an associated risk we will remove items from The Play Therapy Pod before delivery.

**Does your child have any allergies or sensitivities?** (Please note that if we believe there to be an associated risk we will remove items from the Play Therapy Pod before delivery).

**Please tell us how you feel the requested loan of the Play Therapy Pod will support your child's development.** Think about your child's physical, social and emotional, communication and cognitive development.

**Which professionals have provided care to this child/young person in the past two years?** Please give their role and where possible, details of their employer and the care setting within which they deliver care; e.g. Physiotherapist, funded by NHS, delivering treatment in school.

**Do you receive any of the following benefits? (Tick any that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Universal Credit (This may include income support, housing benefit, ESA, JSA, Working Tax Credit, Child Tax Credit) | <input type="checkbox"/> Disability Living Allowance |
| <input type="checkbox"/> Personal Independence Payment   | <input type="checkbox"/> Council Tax Relief          |
|  | <input type="checkbox"/> Pension Credit              |
|  | <input type="checkbox"/> Blue Badge                  |
|  | <input type="checkbox"/> N/A                         |

Does the child/young person have an Education, Health and Care Plan (EHCP) or Statement?

Yes  No  In Process If 'Yes', state when it is due its annual review:

Is there any other information you would like to share to help us understand your child/young person's needs?

## Types of Play Therapy Pods

We recognise that all children's development is unique to them, and children may need toys that are better suited to their stage not their chronological age. As such we will happily accept applications for any pods that don't exceed your child's age.

If you need support in identifying the type of pod that would offer the most support, please don't hesitate to contact Newlife's Child and Family Support Team on 01543 468 888 (Option 2) or liaise with your local professional to help identify ways to use the toys in line with any existing developmental plans which you may have.



**Visual Toys** - encourage visual focus, co-ordination and stimulation.



**Tactile Toys** - will stimulate touch and encourage associated motor functions.



**Interactive Toys** - demonstrate cause and effect and encourage interactive play.



**Communication Toys** - encourage an understanding of different ways to communicate thoughts, ideas, wants and needs.



**Auditory Toys** - make noises and encourage auditory stimulation.

**\*\* Please select up to a maximum of 2 Play Therapy Pods\*\***

Age of Child	Type of Play Therapy Pod				
<b>Sensory Pod</b> <i>Suitable from birth</i>	Sensory Play <input type="checkbox"/>				
<b>Adventure Pod</b> <i>Suitable from 18 months</i>	Multi-Sensory Play <input type="checkbox"/>				
<b>Discovery Pods</b> <i>Suitable from 3 years</i>	Discovering Visuals <input type="checkbox"/>	Discovering Sounds <input type="checkbox"/>	Discovering Textures <input type="checkbox"/>	Discovering Interactions <input type="checkbox"/>	Discovering Communication <input type="checkbox"/>
<b>Explorer Pods</b> <i>Suitable from 5 years</i>	Exploring Visuals <input type="checkbox"/>	Exploring Sound <input type="checkbox"/>	Exploring Textures <input type="checkbox"/>	Exploring Interactions <input type="checkbox"/>	Exploring Communication <input type="checkbox"/>

## Child Demographic Information

<b>White</b>	<input type="checkbox"/> English/Scottish/Welsh/NI <input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> Other White background
<b>Mixed</b>	<input type="checkbox"/> Mixed ethnic background	
<b>Asian/Asian UK</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background
<b>Black/African/Caribbean/Black UK</b>	<input type="checkbox"/> African Caribbean	<input type="checkbox"/> Any other Black/African/Caribbean background
<b>Other</b>	<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic group
<b>Prefer not to say</b>	<input type="checkbox"/>	

## Parent/Primary Carer Details

<b>Mr/Mrs/Ms/Dr</b>	<b>First Name</b>	<b>Surname</b>
<b>Address</b>		<b>Postcode</b>
<b>Tel. No.</b>	<b>Mobile</b>	
<b>Email</b>		
<b>Have you used our services before?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>How did you hear about our services?</b>		
<b>What is your relationship to the child/young person?</b>		
<b>What is your preferred language?</b>		
<b>Do you have any health conditions/disabilities or mental health difficulties?</b> Please provide as much detail as possible as Newlife's Child and Family Support Team consider the difference that equipment provision makes to the whole family. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
<b>Are there any other children or siblings of the child/young person living in the same home?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If so, please give their gender, age and state if they have any significant health conditions/disabilities:		

**Are the toys requested for use at a different address than the child's home?** Yes  No   
 If 'Yes' please provide the address and identify if you would prefer the Play Therapy Pod to be delivered to this address:

**Have you completed this application form with a professional?** Yes  No

#### Professional Details

First name	Surname	Job Title
Address	Postcode	Work Tel. No.
Mobile	Email	

## Terms and Conditions

- All the information given in this application process is up to date to the best of your knowledge.
- Newlife is a charity and while we will try to help as many families as possible there may be occasions that we are unable to help.
- Please remember that the equipment provided should be used for the intended child/young person.
- The equipment may be provided to you as a charitable act. We will therefore only be responsible for any loss or damage that you suffer in connection with this agreement, to the extent that we are able to claim for such loss or damage under our insurance.
- Following delivery of the Play Therapy Pod, we will contact you to gather feedback on the service you received and the difference made by the use of the toys.
- Do not use the items within the Play Therapy Pod until you have read all the instructions included in the pod and to agree to always follow all instructions and recommendations provided to you by us, the manufacturer or supplier of the items included in the pod. The information supplied covers health and safety aspects and guidance for looking after the contents during the loan period.
- You will be responsible for the pod for 12 weeks, once loaned to you by Newlife. Within this 12 week period, if you no longer need the pod, we need you to tell us as soon as possible so we can arrange for it to be collected from your home. This will usually be within three working days, but we will agree a suitable date for this collection with you. If you need it for longer than 12 weeks we will liaise with you regarding an extension or change of provision.
- Tell us if the pod and its contents become unsuitable for your child to use, due to changes in need or circumstances.
- The Play Therapy Pod and its contents remains the property of Newlife, and we retain the right to recall the pod and its contents. This notice will normally be given in writing.
- Take all reasonable steps to ensure that the pod and contents are properly looked after. If the contents are lost, stolen or damaged whilst in your possession then you must let us know as soon as possible. We will arrange for the pod and contents to be inspected and if possible replaced.
- Following the loan of a Play Therapy Pod, we will arrange collection on a date and time that is convenient for you. If we are unable to arrange this and as a result the Play Theory Pod is not returned, all further loans within your application will be terminated.

## Family Declaration

Do you agree to Newlife providing the child/young person's basic information to help demonstrate how specialist equipment can change young lives, help promote our services to other families, encourage fundraising and donations as well as help raise general awareness of the charity? This will be information such as name, age, county, description of their condition and the difference the equipment will make.  Yes  No

It's important that we can share some basic information. This is common with most charities who are highly dependent on the public to help them meet the needs of children and their families.

Do you agree to provide a photo of the child/young person that could be used to highlight how equipment helps, which would be shared with donors, supporters and families?  Yes  No

As a charity, it is necessary to raise funds to be able to continue our service to children and families. Are you happy to receive updates and news including other ways to get involved from our fundraising team?  Yes  No

Would you be interested in speaking to our volunteering team about wider opportunities to support the charity?  Yes  No

Do you consent to allow Newlife to share your personal data with third parties to help Newlife analyse what we do?  Yes  No

In these cases Newlife will remain the Data Controller but will simply share your data for the purpose of data analysis only. In all cases we will use a non-disclosure agreement to ensure that the third party does not misuse any data provided.

For all the questions above where we ask you if you are happy to be contacted by a Newlife team, other than the Child and Family Support Team, please specify your preferred method of contact (please tick all that apply):

By post  By email  By phone

**We will not share your data and you can unsubscribe at any time. If you would like to update or change the way you hear from us, please contact Newlife on 01543 462777 or via email at [info@newlifecharity](mailto:info@newlifecharity).**

By ticking the statements below and signing this form, I \_\_\_\_\_ (name of parent/carer) agree to the terms and conditions (as stated above), confirm that the provision of equipment is necessary and essential to support the named child within this application, and also confirm that this child meets the following criteria:

- A UK resident.
- Has a disability which affects their daily life and means that equipment is needed, a life threatening/life limiting condition or has been diagnosed as terminally ill.
- Under 19 years of age.