Remember Us
Social Group for People with Special Needs

Unit 5 Balbriggan Retail Park
Dublin Rd
Balbriggan
Co. Dublin
K32K002

086 045 7003
hello@rememberus.ie
www.rememberus.ie

We would be delighted to welcome you to the Remember us group. Please find enclosed our membership pack. **Please note that all forms must be signed and returned along with membership fee to the office before you start with the group.**

Membership is €50 per family. It can be paid by cash PO or cheque made payable to Remember us

In addition, all young people/adults with Down Syndrome will not be able to participate in certain activities e.g. gymnastics, football, rugby etc which by their nature result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlanto Axial instability. If you do not already have a clearance letter, please contact your GP and he/she will organise for your son/daughter to have the x-ray.

All members 12 and under must have a parent carer on site. We have a lovely parent/carer room where you can sit, have a cuppa and lots of information is shared there. Also, there may be occasions where it is necessary for a member to be accompanied by a parent /Carer as Remember Us Volunteers are untrained and not allowed to administer any medication. These include a member with epilepsy or susceptible to seizures, members with extreme challenging behavior.

I would like also to let you know about some of the facilities that are available to you.

- **SENSORY ROOM**: If you would like to bring your son/daughter to it at any time, just give us a ring to arrange.
- **SENSORY GARDEN**: If you would like to bring your son/daughter to it at any time, just give us a ring to arrange.
- **PARENTS ROOM**: when you come with your son/daughter you can go in and make a cuppa and have a chat with other parents, watch TV, read a book or have a rest!!!! If you would like to meet another parent during the day for a chat and cuppa, just give us a ring to arrange. We have tea/coffee making facilities in the room.
- **SPORTS HALL**: we have a large size sports hall for all our fun sports & exercise.

Your co-operation in the following would be greatly appreciated.

- **DEADLINES: WE HAVE DEADLINES FOR A REASON TO ENSURE THE SMOOTH RUNNING OF THE CLUB. PLEASE PLEASE PLEASE ADHERE TO THEM**
- **All exact club money from now on must come in an envelope marked clearly with your name on it and the activity name**. (it is very difficult to reconcile money at end of day if we have no envelopes.
- **PLEASE REPLY TO TEXTS PROMPTLY FOR OUR CLUB NIGHT /DAYS, CINEMA, TRIPS,ETC AND SEND BACK REGISTRATION FORMS BY THE DEADLINE DATE. WE ALWAYS HAVE TO GIVE NUMBERS TO TUTORS EARLY IN THE DAY AND MAKE SURE WE HAVE ENOUGH VOLUNTEERS AND IF GOING OUT WE HAVE TO CONFIRM NOS TO VENUES WELL IN ADVANCE AND ORGANISE BUSES ETC,**

WE HAVE OVER 400 FAMILIES REGISTERED AND 25 VOLUNTEERS SO THERE IS A LOT OF COORDINATION TO BE DONE!!!!!!!!!!

Kind Regards. Nora /Catriona, Carol

Remember Us Membership Form

Cool Dudes: Age 9 to 12 Years

Please PRINT all information on this form

Member Name:	**Gender:**
Date of Birth:	**Age:**
Parent/Carer Name(s):	
Address (Please Include Eircode):	
Contact Number:	**Mobile Number:**
Email Address:	

Member Information

Please state the Member's Special Need(s)			
Has the member ever been diagnosed with Epilepsy?	***(please circle)***	**Yes**	**No**
Does the member attend any other social outlet? **If yes, please give details:**	***(please circle)***	**Yes**	**No**
Does the member have any allergies? **If yes, please give details:**	***(please circle)***	**Yes**	**No**
Is there any other information about the member that we should be aware of? For example, challenging behaviour, food/drinks not allowed etc. **If yes, please give details:**	***(please circle)***	**Yes**	**No**

Remember Us is an integrated social club and so we welcome member's siblings and friends to attend. Please provide the name(s) of any siblings or friends who are likely to attend on a regular basis with the above-named member:

Name	Date of Birth	Age

Membership Fee Options: *Please tick preferred option and enclose payment with this form*

Option A		Option B	
Annual Fee €50 per Family		Annual Fee €50 per Family + Voluntary Contribution *(ANY amount is much appreciated)*	
Total Amount Enclosed		**€_____**	

If you would like to become a Company Member of Remember Us, please contact the office on 086 045 7003 for Company Membership Form.

Parent/Carer Signature: _____ Date: _____

Remember Us

Alcohol Policy & Consent for Cool Rockers

It is the policy of Remember us that a limit of two alcoholic drinks per person, where authorised by parental consent, be allowed at events organised by Remember Us, such as Discos, Meal nights out or at any other event that may have an alcohol bar.

The reasons are set out below:

- Alcohol affects a person's concentration, balance and, after an initial euphoria, sleepiness sets in. A lot of members would have problems in these areas anyway, without alcohol.

- Another consideration would be a member's medication, if any, and the fact that vulnerable adults can become more vulnerable with alcohol, and that challenging behaviour could arise.

- The ratio of volunteers to members in such a setting and also the safety of the other members if a vulnerable adult became intoxicated and required the assistance of two or more volunteers, leaving other club members unsupervised, must also be taken into account.

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Please tick one of the following options:

☐ I do give consent for (Members Name) _____ to have alcoholic drink, as per the limit set out above, when out with Remember Us Group

☐ I do not give consent for (Members Name) _____ to have alcoholic drink when out with Remember Us Group

I agree to abide by the above Policy

SIGNED: _____
Parent/Legal Guardian

SIGNED: _____
Member

DATE _____

Remember Us
Behaviour Policy

It is the policy of Remember Us that no inappropriate behaviour should be permitted at any time while the member is at a Remember Us club night/day/overnight trip.

- Remember Us provides a secure social environment for all members/ vulnerable adults to learn, make friends and have fun.
- It also provides an opportunity to develop social and life skills, self-esteem and a good quality of life.
- We are primarily a social club and in view of this and of the trust placed by Parents/Guardians on volunteers - No inappropriate behaviour such as bullying, violence, sarcasm, name-calling, 'slagging', and other forms of scapegoating, favouring some to the exclusion of others, abusive language or gestures or any form of punishment – physical, emotional, psychological, will be permitted at any time.

  Members engaged in such behaviours will be asked to stop and may be asked to take time out. Inappropriate behaviours will also be reported to parents/carers by the group leader.
- The Leader/Volunteer has the discretion to determine what is deemed to be inappropriate behaviour and to identify and deal with such behaviour as per their volunteer induction training.

I agree to abide by the above policy.

Signed: _____
Parent/Guardian

Signed: _____
Member

Date: _____

Remember Us
Family Day Trips - Consent Form

Name of Project: Remember Us

Name of Person(s) attending trip: _____

_____

Name of minder for trip: _____

Phone No. of minder for trip: _____

Name of Parent/Guardian: _____

Phone No. of Parent/Guardian: _____

I understand that on all family day trips, the young people taking part will not be supervised by the organisers. The supervision and responsibility of these young people will be totally that of the above named minder or parent/guardian present on the trip.

Parent/Guardian Signature: _____

Date: _____

Remember Us
GDPR Compliance

General Data Protection Regulation (GDPR) significantly increases the obligations and responsibilities for organisations such as Remember Us in how we collect, use and protect personal data. At the center of the new law is the requirement for organisations and businesses to be fully transparent about how they are using and safeguarding personal data, and to be able to demonstrate accountability for their data processing activities. Remember Us collects and stores data you provide us, we act as a Data Controller so we can provide our services and run the organisation efficiently.

Why do we collect and store your personal information?
We need to collect and store your personal information in order to provide relevant services, maintain communications with you, and respond to queries. We send you information about Remember Us activities and events. We may also contact you for administration purposes.

How do we collect personal information?
Information is collected using a variety of methods. You will be asked to provide your personal information when joining Remember Us, making a donation, or requesting information or updates through our website, e-mail, direct mail or telephone communications. This information is vital in allowing provide best care and attention to everyone availing of and supporting our services.

What do we collect?
Remember Us does not collect any personal information other than information that is knowingly and willingly given. This personal data includes a record of your interactions with us and is stored in-house on our database to enable us to provide our services. Through our interaction with you we may gather a range of contact details including emails, mobile, postal address and landline numbers.

Do we share your information?
We respect your privacy and will not sell or give your details to other organisations for marketing purposes.

How can I be sure my privacy is protected?
Remember Us will always endeavour to protect your data from loss, misuse, unauthorised access or disclosure, alteration or destruction. We are committed to investing in technology to provide security for your information, including working with leading suppliers of secure payment services.

Retention of personal information
In the main personal information obtained will be retained for 6 years after the last contact with Remember Us.

Corrections and complaints
Corrections can be made to your information by emailing us at hello@rememberus.ie or contacting us at 086 0457003.

Your Rights
You have a number of rights in relation to the personal information which is held about you, including:

- The right to see the personal information Foo and to be provided with the details regarding the processing on it;
- The right to have the personal information rectified if it is inaccurate or incomplete;
- The right to request that the personal information is erased, object to it being processed or request that the processing is restricted;
- The right to complain to the data protection commission, which may be contacted via its website at www.dataprotection.ie

If you wish to avail of these rights, a request must be submitted in writing to the Data Protection Officer of Remember Us. In order to protect your privacy, you may be asked to provide suitable proof of identification before the DPO can process your request.

Data Protection Officer: Nora Roban
Address: Remember Us, Unit 5 Balbriggan Retail Park, Balbriggan, Co. Dublin, K32 K002
Phone: 086 0457003

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I give my consent to Remember Us to collect, store and maintain my data insofar as it pertains to the provision of services provided by Remember Us in the capacity as Data Controller.

Name _____
Please Print

Signed: _____

Date: _____

Remember Us
Independent Travel Consent

Dear Parent/Carer

We have noticed that an increasing number of members are making their own way to and from club activities and bus collection/drop off points. There are also several young people using public transport to get to and from club activities and bus drop off points.

As we are anxious to facilitate your wish that young people live as independent a life as possible, we would be grateful if you could confirm below that you are happy for the young person in your care to travel independently to and from club activities/bus drop off points and that you will notify us in advance if they are doing so.

Thank you for your help with this
Yours sincerely

Nora Roban.
Founder/Co-Ordinator
Remember Us Special Needs Group

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I confirm that I am happy for the young person in my care to travel independently to and from club activities/bus drop off points and I will notify Remember Us in advance if they are doing so.

Members Name: _____
Please Print

Parent/Carer Name: _____
Please Print

Signed: _____
Parent/Carer Signature

Date: _____

Remember Us
Medication Management Policy

It is the policy of Remember Us not to administer any medication to children/vulnerable adults on behalf of parents or legal guardians.

Every parent/legal guardian is responsible for the administration of medication to their own child/vulnerable adult.

If your child/vulnerable adult requires medication and they are involved in Remember Us activities, please feel free to call to the activities and administer medication.

I agree to abide by the above policy.

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____

Date: _____

Remember Us
Photography & Video Consent Form

If you give your consent, photographs or media coverage of the young person in your care, taken by a designated photographer for all club activities/ events, to promote Remember Us positively through the media, **may be used.**

- i.e. Remember Us website, local newspapers, newsletters, social media and scrapbooks.
- Parents/Carers/Legal guardians are only allowed to take photographs of club members and their families for their own person historical prosperity
- The use of camera phones by parents/Carers/members or any invited guests are not permitted.
- While we endeavor to control the taking and use of photos on our closed club days, we cannot control all photos taken while out in the public domain by those not related to Remember Us.

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PLEASE COMPLETE THE APPROPRIATE CONSENT BELOW AND RETURN THIS SECTION ALONG WITH YOUR MEMBERSHIP FORM. YOU SHOULD REATIN THE ABOVE INFORMATION.

PARENTS/CARERS CONSENT FORM FOR MEDIA /PHOTOGRAPHS

I do give consent, that photographs or media coverage of the young person in my care, taken by a designated photographer for all club activities/ events, to promote Remember Us positively through the media, **may be used.**

Please Print Name: _____

Please Sign Name: _____

Date _____

I do NOT give consent, that photographs or media coverage of the young person in my care, taken by a designated photographer for all club activities/ events, to promote Remember Us positively through the media, may be used**.**

Please Print Name: _____

Please Sign Name: _____

Date: _____