Adjustment plan for young members: general



An adjustment plan is a personalised, practical plan to help identify and record adjustments and also to remove barriers, so that young members can get the most out of their guiding experience.

Work together with your leader and parent/carer to complete this form.

Name of young member
Membership number
Date of plan
How would you describe your disability or long-term condition?
What impact do you think your disability/condition may have on your guiding experience (for example your time as a Rainbow/Brownie/Guide/Ranger)?
What changes can we make at Rainbows/Brownies/Guides/Rangers to make your guiding experience better?

How do you like to communicate? Our communication passports and visual timetables help our autistic members or members with learning disabilities tell others all about themselves - so you don't need to communicate verbally. Would these be helpful for you? Ask for more information by emailing infoteam@girlguiding.org.uk What helps you participate in group activities? What can affect your senses (if applicable)? What can affect your movement and mobility (if applicable)?

Your independence Use this section to tell us about any support you need with: • Sleep/bedtime • Eating/drinking Washing/bathing Toileting · Dressing and undressing Your equipment/medications (if applicable) Describe your equipment/medications, including dosage and frequency (if applicable) Where should your medication/equipment be kept when you're at unit meetings and on trips? Who can administer/use this?

Would you benefit from the support of an Individual Support volunteer? Unfortunately, it won't always be possible to guarantee this as an adjustment.
What changes might we need to make for unit events, trips or visits, including residential events?
Triggers (if applicable)
Are there any situations that can be a trigger for you? Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings. What coping mechanisms do you find useful (for example spending time in a quiet space)?
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.
Remember to think about trips as well as unit meetings.

What support or adjustments can we put in place to minimise triggers or help to manage the impact?
Early warning signs (if applicable)
How can a leader recognise if things aren't going to plan (for example you're feeling unwell, something has made you feel uncomfortable or you don't feel like you can take part)?
How would you let your leader know?
What can we do to help if things aren't going to plan?

risis/emergency plan	
risis refers to a point where you need help to keep safe.	
Vhat would a crisis look like for you?	
low will other volunteers recognise that a crisis is happening?	
The other votanteers recognise that a crisis is happening.	
What should other volunteers do in a crisis (for example call your emergency contact.	
What should other volunteers do in a crisis (for example call your emergency contact, all a medical professional or help keep you calm)?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	
all a medical professional or help keep you calm)? What are your emergency medication needs?	

Is there anything else you would like to share?
Adjustments identified in this plan.
Plan for review
How often will you review and update this plan to check it's working well?
Next review date

By signing, I agree: • That the information given on this form is accurate, to the best of my knowledge, at the time of writing. • That I am comfortable with the adjustments agreed in this plan and am comfortable for Girlguiding volunteers to make the adjustments agreed. Signature(s) of parent/carer (if young member is under the age of 18, or 16 in Scotland) (under 16 in Scotland)) Signature of young member (if over the age of 18, or 16 in Scotland) Date _____ By signing, I agree: • That the information given on this form is accurate, to the best of my knowledge, at the time of writing. • That I am comfortable with the adjustments agreed in this adjustment plan. I confirm that the person responsible for making the adjustments agreed in this plan is competent (and suitably trained, where necessary) to carry out the agreed tasks. • That I agree to follow this plan, as far as possible. Name(s) of person responsible for making adjustments agreed in this adjustment plan (for example unit leader/first aider) Role Signature Date By signing, I agree: • That the information given on this form is accurate, to the best of my knowledge, at the time of writing. • That I am comfortable with the adjustments agreed in this adjustment plan. I confirm that the person responsible for making the adjustments agreed in this plan is competent (and suitably trained, where necessary) to carry out the agreed tasks. Name of unit leader (if different from above) Role

Date

Signature

By signing, I agree:

- That the information given on this form is accurate, to the best of my knowledge, at the time of writing.
- That I am comfortable with the adjustments agreed in this adjustment plan. I confirm that the person responsible for making the adjustments agreed in this plan is competent (and suitably trained, where necessary) to carry out the agreed tasks.
- That I have made Girlguiding HQ aware of any concerns I have with adjustments agreed in this plan by emailing volunteersupport@girlguiding.org.uk

Name of district/division commissioner
Role
Signature
Date

Two copies of this plan should be kept. One copy should be kept by the unit leader and the other by the volunteer (or their parents/carers if the volunteer is under the age of 18 (under 16 in Scotland).

Privacy statement

We collect your personal information to help us make guiding accessible for you.

Your data will be shared with:

- Volunteers supporting you at unit meetings/residentials
- Volunteers/staff running events
- · HQ events team
- Volunteers in your new section/unit (where relevant)

We may also share your data (on a need-to-know basis and for your ongoing support only) with:

- HQ Inclusion team
- HQ Safe Practice team
- Relevant regional or local Girlguiding organisations (staff and/or volunteer teams)

We process the data you provide on the lawful basis of consent. You can take back your consent at any time by contacting dataprotection@girlguiding.org.uk

You can find more information on how and why Girlguiding use your personal data, including how long we keep it, your rights, and how you can contact us, in our full privacy notice at: girlguiding.org.uk/privacy-policy/