**Personal Information Form**

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| The following information will assist DSA in determining the support you require while attending Open/Taster days |
| Student Name:  |
| School attended: School support person: |
| Transition to work site**:**  |
| Permission to access the community : Granted/Not-Granted (please circle) |
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| Address:   |
| Home Phone:  | Mobile Number:  |
| Date of Birth:  | Email address:  |
| **Emergency Contact 1**Name:  | Address: Email address:  |
| Relationship:  | Phone/mobile:  |
| **Emergency Contact 2**Name:  | Address: Email address: |
| Relationship:  | Phone/mobile:  |
| Primary Disability:  | Secondary Disability:  |
| **HEALTH AND WELLBEING PROFILE**  |
| Is there any of the following conditions that a Trainer would need to be aware of:(Detail any Management Strategies if appropriate) |
| Epilepsy  | [ ]  Yes [ ]  NoHow is this managed: |
| Asthma | [ ]  Yes [ ]  NoHow is this managed: |
| Diabetes | [ ]  Yes [ ]  NoHow is this managed: |
| Allergies[ ]  Yes [ ]  No  | Allergic to: Description/Reaction/Consequence:  |
| Medication regularly taken during the day[ ]  Yes [ ]  No Is assistance required to take this[ ]  Yes [ ]  No  | Type of medication: [ ] Over the Counter [ ]  PrescriptionName and Dose:  |

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| **BEHAVIOURAL PROFILE**  |
| Identify known behaviours (tick if applicable) | [ ]  Aggressive[ ]  Self Injurious[ ]  Repetitive/Obsessive[ ]  Leaves without notice | [ ]  Disruptive[ ]  Other …      |
| Additional notes:       |
| What are any triggers and known signs of agitation and distress?  | Triggers:       | Agitation/Distress:       |
| Additional notes:       |

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| **Consent confrimed with manager****DSA manager signature** | Consent given to commence taster days [ ]  Yes [ ]  No Date: |
| **Responsible person signature**  |   Date: |

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| Additional notes:       |