**Personal Information Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) | | | | |
|  | |  | |  |
| 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  No  How is this managed: | | | |
| Asthma | Yes  No  How is this managed: | | | |
| Diabetes | Yes  No  How 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  Prescription  Name and Dose: | | | |

|  |  |  |
| --- | --- | --- |
| **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: | | |

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

|  |
| --- |
| Additional notes: |