



Reach4Reality Young Person SDS Background Information & Application Form

Form No. HA_BB

Short
breaks fund

Holiday Reference:	Date:	CONFIDENTIAL
YOUNG PERSON:		Date of Birth:
Address:	Name of Parent/Carer:	
	Relationship to Young Person:	
	Address:	
Phone:	Phone:	
Mobile:	Mobile:	
	Email:	
Name of Lead Professional:		
Address:		
Phone:	Mobile:	
Email:		
Are you happy for us to contact this person for background information: Yes/No (Please delete)		
Background information: please tick and amend as required for all boxes that apply:		
<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> ADHD	
<input type="checkbox"/> Other social communication difficulty	<input type="checkbox"/> Medical condition/syndrome	
<input type="checkbox"/> Behavioural issues		
Why do you want this young person to attend Reach4Reality activities and camps? (Please tick all that apply):		
<input type="checkbox"/> Respite for young person	<input type="checkbox"/> Respite for parent/carer	
<input type="checkbox"/> Help to build young person's confidence	<input type="checkbox"/> Other	
<input type="checkbox"/> Chance for young person to make new friends/develop better social interaction skills		
<input type="checkbox"/> Offer new experience in preparation for leaving school/transition/independence		

How do you believe this young person will benefit from attending camp? i.e. what outcomes would you like to see achieved? (Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Increased confidence | <input type="checkbox"/> Improved relationships |
| <input type="checkbox"/> More positive attitude | <input type="checkbox"/> Improved use of leisure time |
| <input type="checkbox"/> Calmer | <input type="checkbox"/> More positive attitude |
| <input type="checkbox"/> Other _____ | |

Abilities:

What is the young person's syndrome or disability?

Does it affect them physically? If so, how? (Is there a particular activity they are unable to take part in?)

Does it affect their learning? If so, how? (ie level of understanding when given instructions)

How are the young person's communication skills? Are they able to verbally express themselves well? Need for visual clues to information?

Relationships:

How well does the young person relate to family members?

How does the young person relate to friends in school and the community?

Within school, are there any behavioural issues we should be aware of? (such as lashing out physically, absconding / wandering, abusive to particular staff)

How well does the young person relate to other adults?

Behaviour:

Any challenging behaviour?

What are recognized 'Flashpoints' for such behaviour?

Any need for restraint? Type of restraint if **Yes**?

Education Issues:

Are there any significant educational issues affecting the young person?

Do they have any support needs to learn?

Skills / Levels (eg. Communication, comprehension, exceptional subjects, difficult subjects)

Contact details of school:

Name: _____

Address: _____

Teacher: _____

Medication/health Issues:

Are there any other medical or health issues we should be aware of?

Interests:

What are the young person's interests?

Additional Information:

Invoicing:

Please give details of whom we should send invoices to and the preferred method for this:

Name:

Address:

Email address:

Tel no:

Preferred method for invoicing: Post/email (please circle)

PTO

Declaration:

Do you know of any reason why we as a service provider, should not work with this young person to protect them, other service users, our volunteers, the public or other service providers? YES/NO
I have read and agree with the Application Contract details as outlined by Reach4Reality.

Signed Date

Print name Relationship to young person

Please return completed form to: Reach4Reality, Hilton Lighthouse, 4 Tomatin Road, Inverness, IV2 4UA