



Reach4Reality Young Person SDS Background Information & Application Form

Form No. HA_BB

Short
breaks fund

	Date:	CONFIDENTIAL
YOUNG PERSON/ADULT:		Date of Birth:
Address:	Name of Parent/Carer:	
	Relationship to Young Person:	
	Address:	
Phone:	Phone:	
	Mobile:	
Mobile:	Email:	
	Preferred method of contact:	
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/adult to attend Reach4Reality activities and camps? (Please tick all that apply):		
<input type="checkbox"/> Respite for young person/adult	<input type="checkbox"/> Respite for parent/carer	
<input type="checkbox"/> Help to build young person/adult's confidence	<input type="checkbox"/> Other	
<input type="checkbox"/> Chance for young person/adult 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/adult will benefit from Reach4Reality activities? 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"/> Other _____ | |

Abilities:

What is the young person/adult's social communication difficulty, 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/adult's communication skills? Are they able to verbally express themselves well?
Need for visual clues to information?

Relationships:

How well does the young person/adult relate to family members?

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

Within school or other settings, 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/adult relate to other adults?

Behaviour:

Any challenging behaviour? Please give details.

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/college:

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/adult's interests?

Additional Information:

Please indicate what level of support or activities you would be looking for:

Type of activity	Tick if required	SDS funding agreed: Yes/No and amount (if known)
Regular 1:1 sessions e.g. weekly or monthly (please specify)		
Small group evening activities		
Small group half day activities during Easter holidays		
Small group full day activities during summer holidays		
Full activity day as part of one of our weekend camps		
Overnight stay as part of one of our weekend camps		
Weekend camp		
5 day camp		
Duke of Edinburgh award scheme		

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/adult 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 in their Applications Policy.

Signed Date

Print name Relationship to young person/adult

Please return completed form to: Reach4Reality, 42 Seafield Road, Inverness, IV1 1SG