



APPLICATION FORM

Name of Young Adult	
Age	
Date of Birth	
Personal Mobile Number	
Parent/Carer 1	
Name	
Relationship	
Address	
Tel 1	
Tel 2	
Email	
Parent/Carer 2	
Name	
Relationship	
Address	
Tel 1	
Tel2	
Email	
Other Carer Contact	

(Please tick. These are usually the 2 days you don't attend college)

(Please tick. These are usually the 2 days you don't attend college)

Mon	Tues	Wednes	Thurs	Fri	Satur
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CONFIDENTIAL MEDICAL INFORMATION

Young Adult Information

Full Name	Home Address
Personal Mobile Number	
Diagnosis Of Disability	NHS Number (If Known)
Name & Address Of Next Of Kin <i>(To be contacted only in an emergency)</i>	Name & Address Of Doctor
Telephone Number Of Next Of Kin	Telephone Number Of Doctor

Do They Suffer From Any Of The Following?

Please Tick All Relevant Boxes

Epilepsy	Yes	No
Asthma Or Bronchitis	Yes	No
Heart Condition	Yes	No
Fits, Fainting And/Or Blackouts	Yes	No
Severe Headaches	Yes	No
Diabetes	Yes	No
Allergies To Any Known Drugs	Yes	No
Other Allergies, E.G. Materials, Food	Yes	No
Back, Knee Or Other Joint Problems	Yes	No
Any Current Injury, E.G. Broken Bone	Yes	No
Travel Sickness	Yes	No
Other Illness Or Disability Not Included In This List Or Above	Yes	No

If the answer to any of the questions is yes, please give details (including medication) here. *Attach a further piece of paper if there is insufficient room in the box.*

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Have they received vaccination against tetanus in the last 5 years?	Yes	No
Are they receiving medical or surgical treatment of any kind from either your doctor or a hospital?	Yes	No
Have you been given specific medical advice to follow in emergencies?	Yes	No
Do you have any other condition (e.g. fear of heights or any other phobia, colour blindness, deafness) or medication not covered above?	Yes	No

If the answer to any of the last three questions is yes, please give details here (including dosage of any medicines / tablets).

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MEDICATION

Does Your Son/Daughter Take Regular Medication?	Yes	No
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If Yes Please Give Details Below

Name Of Medication	Reason	Dosage To Be Given	Times

Do they need regular medication administered whilst at vision25? <i>(If yes, this must be added onto the prescribed medication form)</i>	Yes	No
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By signing this for I agree to any urgent emergency treatment that may be necessary

If there is a choice, which hospital would you prefer to go to:-	Please tick one
University Hospital of North Tees, Hardwick	
James Cook University Hospital, Middlesbrough	

Signed	Date

Relationship To Young Adult	
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GENERAL INFORMATION

Allergies I have Please give details of any allergies, including food allergies	
Dietary needs Please give details of any dietary needs. We will sometimes be eating out	
Personal hygiene needs Please give details of any personal hygiene needs or toileting needs	
Things I like Please give details of any activities, hobbies and interests	
Things I don't like Please give details of any activities, hobbies and interests that are disliked. Any other things that cause distress such as loud noises, dogs, storms etc	
How I participate Do I need to take time to join in? Do I like to be in the centre of things?	
Family details (parents, siblings, grandparents, other important people)	
Friendships It is helpful to have names of any	

Relationships How do I get along with people?	
How I express my feelings How do we recognise when happy, anxious or upset	
Self esteem How confident am I?	
Character How do I describe myself? What is important about me?	
Community awareness Am I aware of strangers/ Can I keep myself safe?	
Placements Please give details of college and other placements they currently attend including days and times they attend	
Social worker Please let us know the name of your social worker if known	

SUPPORT I NEED

Learning	
Mobility	
Behaviour Please attach any behaviour plans	
Keeping me Safe (Awareness of strangers Road Safety etc)	
Personal Care	
Decision Making	
Making Choices	
Daily Living skills Shopping Preparing Food Housework	
Eating/ Drinking Needs/ Table manners	

COMMUNICATION

First language	
Other language	
How you can help me communicate Please let us know of any ways that help with communication eg Time to answer Look at me	
Support that helps me communicate Please let us know the best ways to support communication eg Makaton Communication Book PECS	
Receptive language What I understand Other clues used eg Context Body language	
Expressive language What I say How I ask for help	

DIVERSITY

Please let us know any information that you would like to give us so that we can best support your young adult

Ethnicity	
Religion	
Cultural needs	

ANY OTHER INFORMATION YOU THINK WE NEED TO KNOW