

## Additional Needs Form

To be used for all service users for the confidential attention of Sport Works or their staff. A separate form must be completed for every service user who will be attending the sessions. Thank you for your assistance.

Date form completed:		Subsequent dates details checked			
<b>Personal details</b>					
First name(s):			Surname:		
Age:			Date of Birth:		
What school/college do you attend? (Not required for adults)					
Do you receive 1 to 1 care at school/college?				Yes/No *	
<b>The information we are asking you will be treated as confidential and will be held in a secure file within our service.</b>					
Please describe any additional needs or disability, including any challenging behaviour you may have:					
Do you have a serious medical condition?				Yes/No *	
If yes please provide details					
Do you need to use a wheelchair?				Yes/No *	
If yes please provide details					

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Do you require any specialist equipment e.g. hoist?	Yes/No *
If yes please provide details	
Do you need help with using the toilet?	Yes/No *
If yes please provide details	
Will you require routine medicine, or medical procedures and is there any emergency medication we need to keep available?	Yes/No *
If yes please provide details	
Do you have any allergies or special dietary requirements?	Yes/No *
If yes please provide details	
Do you have any difficulty in communicating?	Yes/No *
If yes please provide how we can best communicate	
Signs and symptoms to be aware of if the child experiences difficulty or requires support;	
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	

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Is there anything else you would like to tell us to make sure we are able to provide a safe and enjoyable experience?	
Likes:	
Dislikes:	
What constitutes an emergency for the Service User?	
<b>Emergency contact details</b>	
Name:	
Relationship to Service User:	
Contact Tel No:	
<b>GP Surgery details</b>	
Name and address:	
Tel No:	

<b>Payment</b>	
Do you receive Direct Payments, Individual Budgets or Grants?	Yes/No*
Do you intend to make payment using Direct Payments, Individual Budgets or Grants?	Yes/No*

## Additional Needs Form

### Aims and aspirations.

What are the main things that you (or the service user) would like to achieve in attending the sessions (please tick all that apply)

Have Fun

Experience new/different activities

Improve confidence

Get healthier and improve physical fitness

Meet other people

Other

Please detail.....

### STAFF SECTION (only to be completed by Sport Works staff)

Any medium or high risks presented?	Yes/No* If yes proceed to Stage 2	
Current Risk Assessment require updating/amending?	Yes/No* If yes refer to Director immediately	
Staff Name	Signature	Date

If you have any questions or queries regarding the programme please contact Jon Uttley at [jon@sportworksltd.co.uk](mailto:jon@sportworksltd.co.uk) or 07539 851326

More information can be found at [www.sportworksltd.co.uk](http://www.sportworksltd.co.uk)