Club Registration Pack

*All sections must be completed before service can be begin. Once completed please return to* *info@supportinthecommunity.com*

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| **Service User.**  |
| Name |  |
| D.O.B |  |

|  |
| --- |
| **First Emergency Contact.** |
| Name |  |
| Relationship  |  |
| Address |  |
| Contact |  |

|  |
| --- |
| **Second Emergency Contact.** |
| Name |  |
| Relationship  |  |
| Address |  |
| Contact |  |

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| **Service User Key Information** |
| List of disabilities, difficulties and other medical information |  |
| Do’s / Likes | Don’ts / Dislikes |
|  |  |

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| **Approved and trusted person** *(Here provide details of someone you approve to pick up the service user or who we can contact should we not be able to reach the emergency contacts).*  |
| Name |  |
| Relationship |  |
| Contact |  |

|  |  |
| --- | --- |
| **Disabilities, difficulties and diagnosis** *(the services user experiences the following difficulties).* | **X** |
| Learning disability/ difficulty  |  |
| Physical disability/ difficulty  |  |
| Mental health issue/ difficulty |  |
| **Description** *(please explain each of the options you have selected above).* |
|  |
| **Does the service user have an ECHP?** | Yes | No |
| **If yes can you provide an up to date copy before service commences?** | Yes | No |
| **Is the service user considered to have challenging behaviours?** *(please describe below).*  | Yes | No |
|  |
| **Is the service user prone to running away?** *(Please describe below any causes/triggers/techniques).*  | Yes | No |
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| **Has the service user ever shown aggressive behaviours or caused harm or injury to someone caring for them?** *(Please describe below causes/triggers/techniques).* | Yes | No |
|  |
| **Communication** *(please describe the services user’s level of verbal communication, communication techniques or any triggers).* |
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| **Mobility** *(please describe the service users’ level of mobility, any injuries or illnesses we should be aware of etc.)* |
| **Can the service user use stairs unaided?** | **Yes** | **No** |
|  |
| **Personal support** *(please describe any personal support the service user may require including any support with food or drinks, bathroom or clothing and personal safety).* |
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| **Medication** *(please describe any medication the service user may be on, please include full name and dosage for emergency purposes).* |
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| **Allergies** *(please describe any allergies the service user may have, food or otherwise. Please include preferred treatment method. E.g: some mild allergies may be treated with Piriteze)* |
|  |
| **Questions?** *Feel free to use the space below for any questions you may have, ready to be answered at the Initial Assessment Meeting to discuss what support we can offer.* |
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