



STEPS FOR THE FUTURE LIVWELL MEMBERSHIP APPLICATION FORM

Please complete the form below and return to Steps for the Future

NAME.....

DATE OF BIRTH.....

ADDRESS.....

.....

TELEPHONE NUMBER.....

NEXT OF KIN.....

EMERGENCY CONTACT NUMBER.....

PLEASE INDICATE IF YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD
KNOW ABOUT

.....
.....
.....

DO YOU TAKE ANY MEDICATION WE SHOULD KNOW ABOUT?

.....
.....
.....

ARE YOU ABLE TO TAKE PARACETAMOL IF NECESSARY WHEN YOU ARE IN
CLASS? YES.....NO.....

ARE YOU ABLE TO ATTEND WITH:-

NO SUPPORT

WITH SUPPORT.....

IF YOU HAD TO LEAVE THE LIVEWELL CLUB FOR ANY REASON, FOR EXAMPLE IF YOU WERE ILL, ARE YOU RESPONSIBLE ENOUGH TO TAKE THAT DECISION YOURSELF?

YES..... NO.....

CAN YOU MAKE YOUR WAY HOME ALONE? YES.....NO.....
WHAT ACTION SHOULD STEPS FOR THE FUTURE TAKE TO ENSURE STUDENT GETS HOME SAFELY:

.....
.....

STEPS FOR THE FUTURE USE ALBATROSS CARS
TELEPHONE NO. 01332-345345. ALL TAXIS MUST BE PAID FOR BY LIVEWELL PASSENGER.

I HEREBY GIVE CONSENT FOR PHOTOGTAPHS AND DVDS OF

..... TO BE TAKEN AND PUT ON
FACEBOOK AND OTHER WEBSITES

I DO NOT GIVE CONSENT

STUDENT APPLICATION INFORMATION
(MINIMISING RISKS)

NAME

DOES THE STUDENT HAVE A SUPPORT PLAN AND CAN WE HAVE A COPY:

.....
.....
.....

DOES THE STUDENT HAVE CHALLENGING BEHAVIOUR AND IF SO WHAT ARE THE TRIGGERS?

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.....
.....

PREVIOUS INCIDENTS: WHERE AND WHEN. PLEASE DISCLOSE

.....
.....
.....
.....
.....

IF KNOWN CHALLENGING BEHAVIOUR IS NOT DISCLOSED. STEPS FOR THE FUTURE CANNOT BE HELD RESPONSIBLE FOR CONSEQUENCES BEYOND DUTY OF CARE.

WE DO NOT OFFER 1:1 OR PERSONAL CARE (I.E., TOILETTING, FEEDING ETC) IF THIS IS REQUIRED THE STUDENT MUST COME WITH THEIR OWN SUPPORT.

SUPPORT WORKERS NEED TO STAY WITH THE STUDENT THROUGHOUT THE CLASS EXCEPT FOR COMFORT BREAKS.