|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | |
| Date of Birth | |  | | | | | | |
| Please tick how you identify | | | | | | | | |
| Male |  | Female | | |  | Prefer Not To Say | |  |
| Address | |  | | | | | | |
| Phone Number | |  | | | | | | |
| Email Address | |  | | | | | | |
| National Insurance Number | |  | | | | | | |
| Do you have a disability? | | Yes | | |  | No | |  |
| Do you have any of the following conditions that make things harder for you? | | | | | | | | |
| Problems with eyesight |  | Asperger’s Syndrome | | |  | Learning Disability | |  |
| Problems with hearing |  | Other autistic spectrum condition | | |  | Downs Syndrome | |  |
| Problems with mobility |  | Dyslexia | | |  | Cerebral Palsy | |  |
| Problems talking to people |  | Dyscalculia | | |  | Asthma | |  |
| Problems with mental health |  | Problems with speech | | |  | Diabetes | |  |
| Post-Traumatic Stress Disorder |  | Heart Condition | | |  | Anything not mentioned | |  |
| If you have another condition not already mentioned please say what they are and how they affect you. | | | | | | | | |
|  | | | | | | | | |
| What ethnicity do you consider yourself? | | | | | | | | |
| White British |  | Black African | | |  | Indian | |  |
| Black British |  | White African | | |  | Pakistani | |  |
| Asian British |  | Black Caribbean | | |  | Bangladeshi | |  |
| Irish |  | White Caribbean | | |  | Chinese | |  |
| White European |  | White Oceanic | | |  | Turkish | |  |
| Black European |  | Black Oceanic | | |  | Other Asian | |  |
| Asian European |  | Asian Oceanic | | |  | Middle Eastern | |  |
| Other European |  | Other Oceanic | | |  | Other | |  |
| What would you like to do at Disability Experts? | | | | | | | | |
| **CSCS** | | |  | **Driving Theory** | | |  | |
| **Health & Social Care** | | |  | **Mentoring** | | |  | |

I declare that the information I have provided is to best of my knowledge a true and fair reflection of the need and issues the named person experiences.

|  |  |
| --- | --- |
| Name of referrer |  |
| Organisation (leave blank if a self-referral) |  |
| Signature |  |
| Date |  |

Please return completed form to:

|  |  |
| --- | --- |
| Email | office@disabilityexperts.co.uk |
| Post | Disability Experts  The Palmer Room  Voluntary Action Swindon  1 John Street  Swindon  SN1 1RT  If you have any difficulties, you can contact us by phone or text: |
|  | 07870 643734 |