

This form helps us understand how to support you well, keep you safe, and respond appropriately in case of an emergency.

Personal Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Full Address:

Your Preferred Communication Styles:

☐

Text Message

☐

Email

☐

WhatsApp

☐

Phone

Gender

☐

Female

☐

Male

☐

Non-Binary

☐

Prefer not to say

Prefer to self-describe:

Preferred Pronouns:

Emergency Contact Information : Person one

Full Name:

Relationship to Applicant:

Phone Number:

Email Address:

Full Address:

Preferred Communication Style:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Text Message | <input type="checkbox"/> WhatsApp |
| <input type="checkbox"/> Email | <input type="checkbox"/> Phone |

Emergency Contact Information : Person two

Full Name:

Relationship to Applicant:

Phone Number:

Email Address:

Full Address:

Preferred Communication Style:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Text Message | <input type="checkbox"/> WhatsApp |
| <input type="checkbox"/> Email | <input type="checkbox"/> Phone |

Medical Information

Please take the time to complete this section with as much detail as possible. In the event of an emergency, having thorough medical information helps us provide medical staff with everything they need to ensure the best possible care.

GP Details

GP Name:

Phone Number:

Email Address:

NHS Number:

GP Address:

Medical Conditions

Do you have any medical conditions (such as asthma, epilepsy or diabetes), or are you currently taking any medication that we should be aware of?

Allergies

Please provide details of any known allergies, including the severity of the reaction and any treatment that may be required.

Dietary Requirements

Please provide any dietary requirements or restrictions:

Support Information

We are committed to making our activities welcoming, accessible, and safe for everyone. To help us best support you, please answer the following questions as fully as possible.

Social Worker

Do you have a social worker? If yes, please provide details below:

Full Name:

Phone Number:

Email Address:

Diagnoses and Support Needs

Do you have a learning disability, are you neurodivergent, or do you have any additional needs that you'd like us to be aware of? (e.g. autism, ADHD, dyslexia, Down's syndrome)

Access Needs and Support

Are there any access needs (Eg. physical, sensory, learning, or mental health-related) that you'd like us to be aware of and how can we best support you?

Behaviours, Triggers and Emotional Support

Are there any behaviours, triggers, or emotional needs that you'd like us to be aware of and how can we best support you?

Assistance with Community Activities

Do you usually attend activities in the community with a support worker, personal assistant, parent, or guardian?

Yes

No

Sometimes

Is there any information you would like to share with us about how your support worker, personal assistant, parent, or guardian supports you to access the community or take part in activities?

(e.g. help with communication, keeping you safe, understanding instructions, physical support, or emotional reassurance.)

Consent Form for the Use of Photographs, Videos and Sound Recordings

Adults with a learning disability have the same legal rights as any other adult, including the right to make their own decisions.

No one can give consent on their behalf (unless they have been shown to lack capacity through a formal assessment).

Please ensure that if you are supporting an adult with a learning disability to complete this form that they have signed to say whether, or not they consent to the following:

What we do:

We take photos, videos and sound recordings to show people what Boundless – Artful Wellbeing CIC are doing. We would like to use a photo, video or recording of you.

Where we might use them:

- Our Website
- Social Media
- Training
- Blogs
- Funding Applications
- Reports
- Events

There may be other places we want to use your photo, film, or sound recording too. We might also share them with other organisations, but we will check how they want to use them first.

It is your choice to give permission. You can take time to decide. You can ask someone you trust for advice, but the decision is yours. If you change your mind, you can tell us, and we will stop using them.

We need your permission to:

- Use your photo, video, or recording now and in the future.
- Edit your photo, video, or recording if needed.
- I Save and share your photo, video, or recording.
- Keep your name and contact details.

By signing this form, you are saying that:

- I am over 16 years of age.
- I understand what this form is asking and I give my permission.
- I can contact Boundless – Artful Wellbeing CIC to tell you if I change my mind.

Your consent

☐ Yes, I do give my consent ☐ No, I do not give my consent

Please Sign Here:

Form Completion

Thank you for providing your information. Your responses help us support you better and ensure your safety and wellbeing.

Date this form is completed:

This form was completed by:

Relationship to the applicant? (if applicable):

Your signature:

Please sign to confirm the information provided is correct to the best of your knowledge:

Boundless Confirmation:

Member of the Boundless Team to sign to confirm application: