|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | |  | | | |
| Date of Birth | |  | | | |
| Please tick how you see yourself | | | | | |
| 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 Course** |  | **Health & Social Care** |  | **Hospitality** |  |
| **Internet Safety** |  | **Employment Support** |  | **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 |