|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student name  Date of Birth | | | Address | |
| Primary carer’s name | | | Primary carer’s mobile number | |
| Primary carer’s work and home number | | | Primary carer’s email address | |
| Date of admission to Great Oaks College | | | Previous School/College | |
| Social worker  Contact details | | | Details of any respite provision | |
| Who lives at home |  | | | |
| Country of origin |  | | | |
| Family religion |  | | | |
| Language(s) spoken at home |  | | | |
| Any particular anxieties or fears *(animals, stairs, etc.)* |  | | | |
| Any behavioural issues at home, or when out in the community |  | | | |
| We request permission for the following. Please sign, and indicate those you which you give permission for. We will be happy to discuss any concerns that you may have about any activities. | | | | |
| Photographs/Video in College | | Yes / No | |  |
| Photographs on the College website | | Yes / No | |  |
| Press photographs | | Yes / No | |  |
| Cutting Nails | | Yes / No | |  |
| Any other information that you feel will help your young person to have a safe and happy time at Great Oaks College | |  | | |
| Signed (parent/carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

|  |  |  |
| --- | --- | --- |
| **Great Oaks College Personal Care Assessment** | | For College use |
| **Student name** | | Staffing ratio |
| How does your young person communicate his/her needs/likes/dislikes? Verbally, Makaton, PECS, other |  |  |
| Any dietary information *(vegetarian, gluten free etc.)* |  |  |
| Any known allergies |  |  |
| Eating and drinking *(Any help required with eating /drinking /special adaptations e.g. mashed or pureed food, special cutlery etc.)* |  |  |
| Toileting routine Does he/she wear pads/is he/she independent in the toilet *(During the day/At night)* How much help is required in the toilet?  How much help during menstruation? |  |  |
| Showering/bathing/ Hair washing (How much support does he/she require?) |  |  |
| Mobility *(wheel chair user/Requires use of a hoist, physical skills, ability when in the community use of stairs etc.)* |  |  |
| Can your young person dress him/herself *(please give details of the support needed)* |  |  |
| Signed (parent/carer)  Date form completed | | |
| Form completed by (staff Great Oaks College)  Date form completed | | |

