



White Hall

Outdoor Education centre



Additional Needs (including behavioural) Form

Whilst we acknowledge that there is a wide spectrum of additional needs we would ask you to consider any physical, emotional, medical or behavioural needs and complete this 'Additional Needs Form' for participants whom you feel we should be aware of, as part of our risk assessment process.

School/Group: _____

Course Dates: _____

Name of Participant: _____ **Age:** _____

1. Please describe the participant's needs/issues (physical, emotional, behavioural or medical). Please explain and indicate degree of severity and if issues are linked to a diagnosed medical condition.

2. Has the participant been away from home, on a similar trip previously? If yes, please give details?

3. Does the participant have restricted mobility? If yes, please give details.

4. Does the participant require assistance with audio or visual safety instructions?

Thank you for your assistance in completing this form.

Signed: _____ **Date:** _____

Additional Needs Form – January 2018 (V1)