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**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 – June 2021 (V1)**