



## Training Course Application Form

Please complete the application form and return to <u>info@pasda.org.uk</u> by **Sunday the 6th of September 2015** and we will be in touch with applicants by Friday the 18<sup>th</sup> of September 2015.

Full Name		
Address		
	Postcode	
Telephone		
Number		
Email Address		

#### **Details of Family Member**

Full Name						
Date of Birth						
Diagnosis (√ relevant boxes)	Autism		Detail	S		
	Learning Disability		Detail	S		
	Mental Health Diagnosis		Detail	S		
Your relationship to the individual						
Other organisational support &	Social worker:			Sc	chool/Education:	
involvement (please $$ all the relevant	No 6 (Autism Init	iatives)		Re	espite:	
boxes)	Health services:			Ot	ther:	

Please provide information regarding support services that you receive e.g. how often do you receive support and how satisfied are you with the support you receive:

# Significance of Behaviour

Please $$ the box that	Physical Aggression	Verbal Aggression	Self-harm
represents the most challenging	Destruction of property	Disruptive behaviour	Withdrawal/ avoidance
behaviour	Inappropriate social behaviours	Inappropriate sexual behaviours	Clinginess
	Repetitive behaviours	Repetitive conversation	Fixating behaviours
	Hoarding	Difficulty moving on i.e. tasks, places	Other:

Description of behaviour	Please provide a summary of the behaviour i.e. what does the behaviour look like, when does it happen and why does it happen:

Frequency of behaviour (please √ the	Several times a day	Once a day	Several times a week	Once a week	
relevant box)	Monthly	Several times a year			

How severe is the behaviour	Injury to themselves	Injury to others	Destruction to property	
(please $$ all the relevant boxes)	Exclusion from groups/community	Disruption to family life	Carer/family stress	

How do you deal with the behaviour	Ignoring the behaviour	Remove yourself from the situation	Removing items/activities
(please $$ all the relevant boxes)	Providing items/activities	Physical restraint	Guidance from professionals i.e. psychologist
	Medication (for your family member)		Other:

How does your family member cope when they are experiencing difficulties?
Please detail any coping mechanisms they have, both negative and positive ones

#### Weekly Activities

Please provide some information around how your family member spends their time during the week (for example employment, studying, hobbies/interests)

# Please provide details of the three specific behavioural areas that you would like support with e.g person won't come out of their room, poor personal hygiene, difficulty making friends

1.		
2.		
3.		

- There will be day or evening times available for the course. •
- There will be 4 training sessions held in the Number 6 One-Stop Shop, Edinburgh.
- There will be 4 1:1 Sessions (either in the home or a local venue).

Would you be interested in attending 1:1 sessions?

**Tick Option A Day** 

or

	Training Sessions			
	All 11-2pm and on Wednesday			
Session 1	7 <sup>th</sup> of October 2015			
Session 2 21 <sup>st</sup> of October 2015				
Session 3 11 <sup>th</sup> of November 2015				
Session 4	25 <sup>th</sup> of November 2015			

Please note if a 2<sup>nd</sup> family member would attend the training with you Name: Relationship to individual: .....

### 1:1 Sessions

# Where would you like to have this session?

(Please circle your preference)

In your home Or In a local meeting room

### What times would suit you best?

Please score in order of preference (i.e 1-preferred option 4-least preferred option).

9.30-11am	
11.30-1.00pm	
1.30-3pm	
3.30-5pm	

**Tick Option B Evening** 

	Training Sessions	
	All 6-9pm and on Monday	
Session 1	12 <sup>th</sup> of October 2015	
Session 2	26 <sup>th</sup> of October 2015	
Session 3	16 <sup>th</sup> of November 2015	
Session 4	30 <sup>th</sup> of November 2015	

Please note if a 2<sup>nd</sup> family member would attend the training with you Name: ..... Relationship to individual: .....

#### 1:1 Sessions

# Where would you like to have this session?

(Please circle your preference)

In your home Or In a local meeting room

#### What times would suit you best?

Please score in order of preference (i.e 1-preferred option 4-least preferred option).

4-5.30pm	
56.30pm	
6-7.30pm	
6.30-8pm	
7-8.30pm	

Options for the follow up part of the course in 2016 will be discussed at the end of Part 1 of course







This training is being funded by East Lothian Council, The City of Edinburgh Council, and PASDA