



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 18th 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. | | |
|----|------|--|
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| 2. | | |
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| | | |
| 3. | | |
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| | | |

- 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 th of October 2015 | | | |
| Session 2 21 st of October 2015 | | | | |
| Session 3 11 th of November 2015 | | | | |
| Session 4 | 25 th of November 2015 | | | |

Please note if a 2nd 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 th of October 2015 | |
| Session 2 | 26 th of October 2015 | |
| Session 3 | 16 th of November 2015 | |
| Session 4 | 30 th of November 2015 | |

Please note if a 2nd 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