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| **NAME:** | **TITLE** | | | | |
| **FIRST NAME** | | **SURNAME** | | | |
| **EMERGENCY CONTACT’S NAME:** | | | | | |
| **EMERGENCY CONTACT’S TEL NO:** | | | | | |
| **EMERGENCY CONTACT’S MOBILE NO:** | | | | | |
| **ASSISTANCE REQUIRED:** | | | | | |
| **HOW DO YOU MOVE? (Please circle)**  **ELECTRIC WHEELCHAIR / WALK WITH ROLLATOR / WALK WITH STICK**  **SELF PROPELLING WHEELCHAIR / ATTENDANT CONTROLLED WHEELCHAIR**  **CAN YOU TRANSFER INTO A MINIBUS SEAT? YES/NO** | | | | | |
| **DO YOU REQUIRE ASSISTANCE CHANGING?** | | | **YES/NO** | | |
| **WHAT ASSISTANCE DO YOU REQUIRE? (Please give details)** | | | | | |
| **DO YOU REQUIRE ASSISTANCE TO ENTER/EXIT THE POOL?** | | | | | **YES/NO** |
| **WHAT ASSISTANCE DO YOU REQUIRE? (Please give details)** | | | | | |
| **DO YOU REQUIRE ASSISTANCE SHOWERING?** | | | | **YES/NO** | |
| **WHAT ASSISTANCE DO YOU REQUIRE? (Please give details)** | | | | | |
| **DO YOU REQUIRE FLOATATION AIDS, OR ASSISTANCE IN THE WATER? (Please give details)** | | | | | |
| **ARE THERE ANY OTHER ISSUES CARERS SHOULD BE AWARE OF? Eg. Any pre-existing conditions such as epilepsy or risk of diabetic hypoglycaemia.** | | | | | |
| **PLEASE NOTE:**  **1. All information supplied will be kept completely confidential and will not be shared with any outside organisations.**  **2. Attendance and travel to and from swimming sessions will be undertaken at your own risk.**  **3. Egham Constellations accept no responsibility for injury or the loss or damage to possessions caused in any way.**  **I have read and agree to have provided correct information answering all of the questions above.**  **Signed:**  **Dated:** | | | | | |