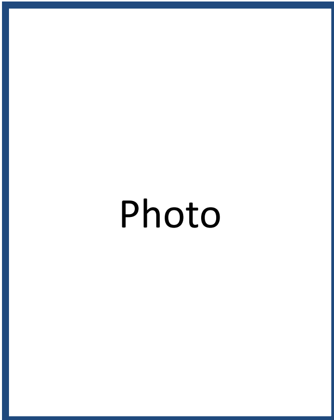
Registration form



www.indigo-opportunities.co.uk
tel. 07766177255
email. info@indigo-opportunities.co.uk

My name____

My date of birth____

Male/Female____

My address____

____

____

Postcode____

My telephone numbers____

My email address____

I live in my own home / with my family / supported living / other

____

Email address to send all correspondence

____

My emergency contacts are____

Their relationship to me ____

Their address____

____

Their telephone numbers____

Disability / Physical / Medical Conditions—please ✓

- ☐ Physical disability
- ☐ Cerebral Palsy
- ☐ Heart condition
- ☐ Weak limbs
- ☐ Mobility issues
- ☐ Epilepsy
- ☐ Acquired brain injury
- ☐ Asperger's syndrome
- ☐ Mental health
- ☐ Mild / moderate learning disability
- ☐ Severe learning disability
- ☐ Autism
- ☐ Asthma
- ☐ Diabetes
- ☐ Speech difficulties
- ☐ Visual issues
- ☐ Hearing issues

Other____________________

Your Appearance

Height____

Build____

Eye colour____

Hair colour____

Hair style____

Do you wear glasses____

Do you wear a hearing aid___________________________________

Any thing else relevant_____________________________________

Your doctors name & address

____

____

Tel____

Your NHS number ____

Your allergies / food intolerances– please ✓

- ☐ Nut products
- ☐ Dairy products
- ☐ Gluten
- ☐ Wheat
- ☐ Penicillin
- ☐ Other

____

Emergency Medication

Name of medication / dosage

____

____

____

____

Regular Medication

Name of medication / dosage / frequency

____

____

____

____

I certify that the information I have given is true and correct

Your signature or parent/carer/guardian if under 18 years of age.

____

Print name

____

Any other relevant information ie residential / night time etc