

S.E.A.S.O.N.S

(Skills, Experience, Activities, Social Opportunities, Networks, Support)

Name

Address

Post code

Tel. (home).....(mobile).....e mail.....

D.O.B.....

Emergency ContactTel. (home).....(mobile).....

Support Contact (Support Worker/ CPN) Tel.....email.....

How did you hear about SEASONS?

What do you enjoy doing most at the moment?

What do you hope to gain from attending SEASONS?

Is there any medical information we should be aware of (allergies, epilepsy, asthma etc) when planning activities?

If you're having a difficult time what is the best way we could support you?

This Information will be treated in confidence and stored in accordance with data protection laws. *If we are concerned about your wellbeing we may need to contact your support or emergency contact.