

Date of Application

Completed by

Trainee Information

Full name

Nickname

Age

Date of Birth

Place of Birth

Languages Spoken

Proficiency in English

Reading Fluent
 Average
 Beginner

Writing Fluent
 Average
 Beginner

Spoken Fluent
 Average
 Beginner

Gender Male Female Prefer not to disclose

Family Information

Parent/guardian name

Relationship to Trainee (parent, aunt, caregiver)

Phone Number

Email Address

Occupation

Address of Guardian

Name, phone number and number plate of person who will be dropping off/picking up your family member each day

Name

Phone number

Plate number

Emergency Contact

Preferred Hospital

Emergency Contact

Full Name

Phone Number

Relationship to Trainee

Additional Information

Which school/centre does your family member attend

Please share any medical needs we should be aware of

Does your family member have any allergies or dietary requirements?

Please list any known diagnoses that your family member has

When was this diagnosis made?

Why would you like your family member to participate in our programme?

What does your family member enjoy doing? What are they good at?

(academic or non academic)

Does your family member have any challenges being with other people with learning differences?

What are your expectations from our programme?

What progress would you like to see your family member make?

Indemnity

I/We hereby indemnify Steps Consulting and it's employees against any and all claims arising from any injury to my child whist participating in any activity, whether on Steps Consulting property, while traveling to or from Steps Consulting premises, or while on a programme visit or outing. I/We understand and agree that in the event of an emergency, Steps Consulting will make every effort to contact the parents or guardian. However, if this is not possible, the pupil will be taken to Sukhumvit Hospital

Signature:

Print Name:

Information

I give consent for Information shared in this form to be shared with other professionals who will work with my child and/or input into their provision

Signature:

Print Name:

Photos

Photos of my child to be used on our website, in magazines, in marketing materials and/or on social media

Signature:

Print Name: