

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

Name and age of anyone under 18 living with Trainee

Name Age Name Age Name Age

Family Information

Parent/Guardian 1

Full name Relationship to Trainee (parent, aunt, caregiver) Phone Number Email Address Name of Employer

Address of Guardian 1

Parent/Guardian 2

Full name

Relationship to Trainee (parent, aunt, caregiver)

Phone Number

Email Address

Name of Employer

Address of Guardian 2 Same as guardian 1

Please give guardian 2's address if different

Is the Trainee's address the same as the guardian?

- Same as guardian 1
- Same as guardian 2
- Both addresses

Please give Trainee's address if different

Emergency Contact

Preferred Hospital

Emergency Contact 1

Full Name

Phone Number

Relationship to Trainee

Emergency Contact 2Full Name Phone Number Relationship to Trainee **Emergency Contact 3**Full Name Phone Number Relationship to Trainee **Drop off-Pick up**

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 **Education Information**

It is important to share as much detail as possible so we can prepare to support your family member as quickly as possible. When this information isn't shared, it delays us providing the best possible support.

Please list your family members previous education programmes
(schools, centres, online learning, university)

Which was the most recent education programme?

- Mainstream school Vocational school
 Mainstream with learning support University
 Special needs school

End date of most recent education programme

Please provide contact information for a teacher/SENCo/ specialist from the last education programme who knows your family member well. Transitions are smoother when we collaborate.

Name

Email Phone number

Why did your family member leave the last education programme? (for example, graduated, not the right fit, provision no longer available)

Has your family member attained any qualifications, certificates or awards? (academic or non academic)

Medical Information

To ensure the safety of your family member whilst they attend Steps, please share all medical information.

Does your family member have any ongoing health concerns? (for example diabetes, epilepsy, asthma, gastro issues)

Does your family member have any allergies? (for example animal hair, dust, nuts)

Please list any known diagnoses that your family member has (autism, dyslexia, depression)

When was this diagnosis made?

Who made this diagnosis?

(Hospital and Doctor/Specialist name)

If no diagnosis has been made, what do you believe your family members needs to be?

(For example, Tom doesn't have a diagnosis but he struggles with social interaction and doesn't have many friends)

Please list any assessments your family member has had

(for example Speech and Language Assessment)

Please attach the reports to this application.

Has your family member previously received any of these therapies:

- Speech and Language
- Occupational Therapy
- Physical Therapy
- Counselling
- Play Therapy
- Applied Behaviour Analysis (ABA)

How does your family member prefer to communicate?

- Verbally
- Verbally with the use of visual supports
- PECS (picture supported communication)
- Sign language
- AAC (a device that supports communication)

Would you like your family member to join Relationship and Sex Education sessions?

- Yes
- No
- I would like to discuss with you further

Does your family member have a disability card issued by the Thai government?

- Yes
- No

Employment Information

Understanding your family members previous employment or volunteer experience helps us to know how to support them. If you have any workplace reports or want to share more information about past or current employment, please share via email when sending back the form.

Has your family member previously been employed or done volunteer work before?

- Yes
- No - (skip to page 8)

If so, please list all where they were working and their job description.

What was their level of satisfaction with the most recent opportunity?

- High
- Medium
- Low

What is the reason the work/volunteer opportunity ended?

Employment Information

Referring to your current/ last employment, indicate for each item, how much it characterised your current/ last work place, and how much you were satisfied by it in the work place. If you had no work place, please skip.

Characterisation	Did your workplace/role offer...	Satisfaction				
Basic Conditions	A permanent job (days, hours)	Yes	No	High	Fair	Low
	Suitable payment	Yes	No	High	Fair	Low
	Promotion options	Yes	No	High	Fair	Low
Social	Working with customers	Yes	No	High	Fair	Low
	Team work	Yes	No	High	Fair	Low
	Working alone	Yes	No	High	Fair	Low
	Working jointly with a supervisor	Yes	No	High	Fair	Low
Physical Conditions	Suitable for your skills	Yes	No	High	Fair	Low
	Working outdoors	Yes	No	High	Fair	Low
	Working in a closed area	Yes	No	High	Fair	Low
	Working in a noisy environment	Yes	No	High	Fair	Low
	Having people move around you	Yes	No	High	Fair	Low
	Having a job involving movement	Yes	No	High	Fair	Low
Cognitive	High workload	Yes	No	High	Fair	Low
	Time pressure to finish job assignments	Yes	No	High	Fair	Low
	The need to learn new things	Yes	No	High	Fair	Low
	Routine job	Yes	No	High	Fair	Low

Getting to know your family member

Please note, none of these questions determine whether your family member will be accepted into our programme. The questions are to help us know and support them better.

Is your family member aware of their diagnosis or learning differences? How do they feel about it? (if applicable)

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

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

(academic or non academic)

How would you describe your family member?

(happy, easy going, enthusiastic, inquisitive)

What kind of things worry your family member?

(for example changes in routine, new people, new places)

Getting to know your family member

Does your family member have a behaviour plan or any behaviour concerns?

(for example, easily frustrated and needs a quiet space to calm down or likes to go out without letting you know)

Please describe your family members independence with their self care

(showering, brushing their teeth, getting dressed, hygiene throughout the day)

Please describe your family members independence out in the community

(road safety, awareness of strangers, awareness of hazards)

Please tick any of the following areas below that describe your family member:

Social-emotional

Frequently

Sometimes

Never

Mood swings

Easily upset

Sharing challenges

Jealous

Sad or withdrawn

Needs high amounts of attention

Fear of failure

Behaviour

Frequently

Sometimes

Never

Sleep challenges / Restless

Nightmares

Not telling the truth

Breaking property

Self-harm

Physical harm to others

Difficulty focusing

Stammering/stuttering

Day dreaming

If your family member does something they are not supposed to, how do you communicate with them about it?

(for example family meeting, visual supports, punishment)

The future

What are your expectations from our programme?

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

What type of job do you think your family member would enjoy/be good at?

In the future if we had a semi independent living programme would you be interested in that?
(where trainees stay with us Monday-Friday)

In the future, if your family member has the opportunity for an internship or employment, will you be able to support them as needed with areas including arriving on time, self care, and organisation?

This section is to be completed by the **trainee** themselves (where possible):

What do you like to learn about?

Example - transport, nature, dinosaurs, technology.

What do you like doing in your free time? Example - playing iPad, hanging out with friends, art, football.

Do you feel like you are ready to start working and be more independent?

What would you dream job be?

Example - magician, pop star, computer game designer.

This section is to be completed by the **trainee** themselves (where possible):

What skills do you think you will learn working in a coffee shop and bakery?

Example - how to be on time for work

Do you have any special skills you think will be useful at work?

Example - I am good at talking to people.

Trainee declaration

I promise to follow the rules of Steps, work to my full potential and to try my best to have a positive attitude every day.

I give permission for:

- My information to be shared with the teachers and staff at Steps Consulting
- My photos to be shared on our website, in magazines, in marketing materials and/or on social media

Signature:

Print Name:

Document Checklist

- Completed enrolment form
- Completed trainee section of enrolment form (if applicable)
- Reports from specialists/doctors/past teachers
- Signed consent form
- Life skills checklist (parent/guardian version)
- Life skills checklist (trainee version) (if appropriate)
- Photo of trainee (any type)
- Trainee ID card/passport/home registration
- Parent/Guardian's ID card/passport

Parent/Guardian declaration

In making this application we agree:

- All information provided here is correct
- All medical information is complete and up to date
- The completion of this form does not guarantee an offer of a place at Steps
- To pay an enrolment fee of 25,000 baht if application is successful
- To pay all due programme fees prior to the commencement of each quarter (dates provided on invoice)
- To give written notice of your child withdrawing from the programme with at least 3 months notice

Indemnity

I/We hereby indemnify Steps Consulting and its employees against any and all claims arising from any injury to my child whilst 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:

Please see our privacy policy at
<https://stepscommunity.com/steps-social-enterprise-privacy-policy/>.