Positive Pathways Training Course Application Form

Please complete the application form below to apply for the Positive Pathways training course. Completed applications should be returned to Laura Andrew (see details at the end of this form). Laura will get in contact with you to discuss your application further.

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| Full Name |  | |
| Address |  | |
| Postcode |  |
| Telephone Number |  | |
| Email Address |  | |

Details of Family Member

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | | | | | |
| Date of Birth |  | | | | | | | | | |
| Diagnosis  √ relevant boxes | Asperger Syndrome |  | Autism |  | | Autism & LD |  | Other (Please state) |  | |
| Your relationship to the individual |  | | | | | | | | | |
| Other organisational support & involvement  (please √ all the relevant boxes) | Social worker: | | |  | School/Education: | | | | |  |
| Parent/carer group: | | |  | Respite: | | | | |  |
| Health services: | | |  | Other: | | | | |  |

Please provide information regarding support services that you receive e.g. how often do you receive support and how satisfied are you with the support you receive:

Significance of Behaviour

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| --- | --- |
| Description of behaviour | Please provide a summary of the behaviour i.e. what does the behaviour look like, when does it happen and why does it happen: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Frequency of behaviour  (please √ the relevant box) | Several times a day |  | Once a day |  | Several times a week |  | Once a week |  |
| Monthly |  | Several times a year |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How severe is the behaviour  (please √ all the relevant boxes) | Injury to themselves |  | Injury to others |  | Destruction to property |  |
| Exclusion from groups/community |  | Disruption to family life |  | Carer/family stress |  |

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| How do you deal with the behaviour  (please √ all the relevant boxes) | Ignoring the behaviour |  | Time out |  | Removing items/activities |  |
| Providing items/activities |  | Self help strategies |  | Guidance from professionals i.e. psychologist |  |
| Physical restraint |  | Medication |  | Other: | |

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| How did you hear about the training? |  |

Positive Pathways Training Information

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| --- | --- | --- | --- | --- |
| Please note your preferred time for training | 12 noon – 2.30pm |  | 6pm – 8.30pm |  |

|  |  |  |
| --- | --- | --- |
| Please note if a 2nd family member would attend the training with you | Name: | Relationship to individual: |

|  |  |  |
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| Would you like to be considered for 1;1 sessions?  (Sessions will take place the day after each training session, for two consecutive weeks. Each session will last for 1.5 hours) | Please choose:  Yes or No | Please note if any supports are required to facilitate these sessions: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please pick your preferred training area: | | | | | | | |
| Glasgow |  | Greenock |  | Motherwell/Wishaw |  | Paisley |  |
| Lerwick, Shetland |  | Inverness |  | Kirkwall, Orkney |  | Aberdeen |  |
| Dundee |  | Perth/Stirling |  | Glenrothes |  | Edinburgh |  |
| Ayr/Kilmarnock |  | Cumnock |  | Galashiels |  | Dumfries |  |

Please provide details of the three most important areas that you would like support with

|  |
| --- |
| 1. |
| 2. |
| 3. |

Please return completed form to:

**Laura Andrew, Positive Pathways Scotland, The Richmond Fellowship Scotland, 3 Buchanan Gate, Buchanan Gate Business Park, Cumbernauld Road, Stepps, North Lanarkshire, G33 6FB**

**Or**

**pps@trfs.org.uk**