WYMONDHAM U3A PERSONAL ASSESSMENT FORM (APPENDIX B.2.) TYPICAL GUIDANCE NOTES

	RISK	YES	NO	N/A	MITIGATION
Mobility	Can I cope with steps and stairs?		Х		Lift access required.
	Can I access coaches and trains?		X		I need a buddy/carer
	Can I cope with any long walking any distances?		X		I need a buddy/buggy/wheelchair. Carer required for wheelchair.
	N.B. Walking Groups (Also see Appendix A.5)				I must declare my ability to maintain reasonable pace in all weather conditions and take responsibility for the completion of the walk
	Do I need additional support with participating in activities?		X		I need a buddy/carer required to support me for certain activities. Seating required presentations and meetings
	Hotel room requirements		X		Wet room/shower/bath Lift access required in hotels.
	Do I need support helping me to and from the bathroom?		x		I need a carer required to support me in these activities.
	Key Medication available		Х		Identify key medication
Medical					
Mental					Lange de la boulde (como
Capacity	Can I remember instructions such as meeting places and times		Х		I need a buddy/carer
Sensory Disabilities	Hearing impairment X Visual impairment X				I need to be at the front at meetings and presentations as I need to be able to lip read. I struggle to hear instructions. I would need written instructions or a buddy
					I need to sit at the front at meetings and presentations. I need verbal instructions or a buddy. I need a sighted guide in unfamiliar areas. I need written information in LARGE PRINT
Hidden	I am diabetic I monitor blood sugar every morning.	Х			I monitor blood sugar regularly
Disabilities	Epilepsy	Х			
	Key Medication for hidden disability				Identify key medication
Other Disabilities	Identify other condition(s)	Х			Identify associated medication and any specific requirements.