## 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? <br> Can I access coaches and trains? <br> Can I cope with any long walking any distances? <br> N.B. Walking Groups <br> (Also see Appendix A.5) <br> Do I need additional support with participating in activities? <br> Hotel room requirements <br> Do I need support helping me to and from the bathroom? |  | X <br> X <br> X <br> x <br> X <br> X |  | Lift access required. <br> I need a buddy/carer <br> I need a buddy/buggy/wheelchair. Carer required for wheelchair. <br> I must declare my ability to maintain reasonable pace in all weather conditions and take responsibility for the completion of the walk <br> I need a buddy/carer required to support me for certain activities. Seating required presentations and meetings <br> Wet room/shower/bath Lift access required in hotels. <br> I need a carer required to support me in these activities. |
| Medical | Key Medication available |  | X |  | Identify key medication |
| Mental Capacity | Can I remember instructions such as meeting places and times |  | X |  | I need a buddy/carer |
| Sensory Disabilities | Hearing impairment <br> Visual impairment | X X |  |  | I need to be at the front at meetings and presentations as I need to be able to lip read. <br> I struggle to hear instructions. I would need written instructions or a buddy <br> I need to sit at the front at meetings and presentations. <br> I need verbal instructions or a buddy. <br> I need a sighted guide in unfamiliar areas. <br> I need written information in LARGE PRINT |
| Hidden Disabilities | I am diabetic I monitor blood sugar every morning. <br> Epilepsy <br> Key Medication for hidden disability | $\mathrm{X}$ <br> X |  |  | I monitor blood sugar regularly <br> Identify key medication |
| Other Disabilities | Identify other condition(s) | X |  |  | Identify associated medication and any specific requirements. |
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