



**ADDITIONAL INFORMATION FORM**

To be completed if you/your child has additional/special needs.

Name of Participant .....

Name of School/Organisation .....

Do you/your child have:

A Physical Disability       A Learning Disability       A Sensory Impairment

Autism Spectrum Disorder (ASD)

Please identify the disability and how it effects you / your child and any other useful information we may need to know

**Please tick the appropriate box regarding walking ability and wheelchair use**

Walk independently <input type="checkbox"/>	Walk with assistance <input type="checkbox"/>
Occasional wheelchair use <input type="checkbox"/>	Full time wheelchair use- can transfer unaided <input type="checkbox"/>
Wheelchair use – need help transfer <input type="checkbox"/>	Wheelchair use – cannot transfer <input type="checkbox"/>

Please could you tell us your / your child's weight, as it is useful to know, if help is needed transferring  
 Under 50kg (8st)       50 – 85kg (8-14st)       Over 85kg (14st)       Over 130kg (20st)

**If the participant is under 18, this must be signed by a parent / guardian**

Signed:.....

Date:.....