



Referral date:

Form filled in with support yes / no:

Support from info:
Name/Relationship

About You

Full name:

Like to be called:

Date of birth:

Address:

Email:

Phone:

Likes:

Dislikes:

What you want to do

Which services are you interested in?

My Life Skills Academy
Catering Life Skills
Rare Breeds Farm
Plants & Produce
Sensory Space

☐ Art at the Farm
☐ Retail Life Skills
☐ Discovery Garden
☐ Poulton Wood
☐ Woodland Sensory

What days are you looking to join:

Are you working towards employment:

What do you want to achieve by joining COT:

Emergency Contacts

Please list the contact details for your emergency contact or contacts.

Name:

Phone:

Email:

Address:

Transport

How will you get to and from COT

Please give information on how you will get to and from COT.
If you are supported by someone not listed in your emergency contacts, please give contact details e.g. a taxi company, or personal assistant.

Transport info:

Our main site is located at Woodchurch, Kent (TN26 3RJ) [HERE!](#)
The nearest train station is in Ham Street [HERE!](#)

Poulton Woods at Aldington Village, Kent (TN25 7DT) is located [HERE!](#)
The nearest train station is in Ham Street [HERE!](#)

If you are unable to organise transport, then this should be arranged by your social care team.

There is an excellent volunteer taxi service provided by [Ashford Volunteer Centre!](#)
They can be contacted on 01233 633219

Local Authority and Funding

Do you have a social services team yes/no:

Local authority:
e.g. KCC / ESCC

Contact details of local
authority:

What is
your

- ☐ **Direct payment** (Funding you control from your local authority)
☐ **KCC/ESCC contract** (Funding through local authority which they control)

**funding
type:**

- ☐ **NHS continuing healthcare funding** (NHS funding)
☐ **Portal payment** (under 25 via KCC)
☐ **Self-funded** (Funding you provide yourself)

Medical Information

If any question in this section is not relevant to you, please skip.

NHS Number (if known):

Learning disability yes/no:

Learning disability info:
(if relevant)

Autism/ASD/Aspergers:
yes/no

Autism info:
(if relevant)

Epilepsy yes/no:

Seizure type(s):
(if relevant)

Seizure pattern(s):
(if relevant)

Epilepsy medication:
(if relevant)

**When to call 999
due to a seizure:**
(if relevant)

**After seizure support:
(if relevant)**

Diabetic yes/no:

**Diabetic info:
(if relevant)**

Other health conditions yes/no:

Other health info:

Allergies yes/no:

Allergies info:

Dietary yes/no:

Dietary info:

**Do you have a hospital
Passport yes/no:**

If you don't already have a hospital passport, you can download a template from: [HERE!](#)

If you would like to share a copy, then email it to lifeskills@canterburyoasttrust.org.uk

Medication Information

If any question in this section is not relevant to you, please skip.

Please list any medication you would like us to know you take:

Will you bring any medication yes/no:

Medication you will bring info:
(if relevant)

Medication storage:
(if relevant)

Do you need reminding to take medication?
(if relevant)

Can you self-administer medication?
(if relevant)

Dependency Assessment

In this assessment, we will look at the support you need in 10 key areas:

- Behaviour
- Health
- Nutritional Needs
- Personal Appearance and Hygiene
- Personal Care
- Communication
- Independence in the Community
- Safeguarding
- Mobility
- Engagement in Activities

When answering, please consider the support you need in your day-to-day life.

Behaviours of concern

- These might include:
- Outbursts, shouting or screaming.
- Physical outbursts, hitting or scratching.
- Loss of control.
- Running away.
- Self-injury or harm.

Which of these best describe you?

- ☐ 0 I understand and demonstrate appropriate behaviour at all times.
- ☐ 1 I may need occasional advice or guidance on behaviour.
- ☐ 2 I may need regular advice or guidance with my behaviour.
- ☐ 3 I have behavioural strategies in place to support me with my behaviour. There may be emergency strategies in place to support me.
- ☐ 4 I require support from one or more staff at all times to support me with behaviour. Emergency strategies will be in place to support me.

If you have scored three or higher, please consider filling in the positive behaviour support plan at the end of this assessment, or forwarding us one you already have:

lifeskills@canterburyoasttrust.org.uk

Learn more about positive behaviour support plan template [HERE!](#)

www.challengingbehaviour.org.uk

Health - Which of these bests describe you?

- ☐ 0 I don't have any health conditions.
- ☐ 1 I don't have any health conditions that require medication at the moment, but I have a history of past medical intervention being required.
- ☐ 2 I take medication for some health conditions and may need to visit the doctor or nurse from time to time.
- ☐ 3 I have health conditions that require some assistance from staff, family and friends. They may require training to support with this.
- ☐ 4 I have health conditions that require continual supervision and assistance.

Nutritional Needs - Which of these bests describe you?

If you would like to watch a video about support with eating and drinking habits, please visit:

<https://youtu.be/JL8u9U31wLE>

- ☐ 0 I don't need any support with food, drink and meal planning.
- ☐ 1 I may need minimal support with food, drink and meal planning.
- ☐ 2 I need supervision at mealtimes, and require some support with food, drink and meal planning.
- ☐ 3 I need considerable supervision or assistance during mealtimes due to health or behavioural issues, which could impact on themselves or others.
- ☐ 4 I Need total support during mealtimes and may require adaptations.

Personal Appearance and Hygiene - Which of these bests describe you?

If you would like to watch a video about personal appearance and hygiene, please visit:

<https://youtu.be/pDRQsGsgk6w>

- ☐ 0 I manage all my person appearance and hygiene needs independently

- ☐ 1 I can manage all person appearance and hygiene but may need occasional verbal reminders
- ☐ 2 I can manage all personal appearance and hygiene but need regular prompts and assistance
- ☐ 3 I require close supervision and support with personal hygiene and appearance
- ☐ 4 I require total support required for personal appearance and hygiene. May require one or members of staff at all times.

Personal Care - Which of these bests describe you?

If you would like to watch a video about personal care, please visit:

<https://youtu.be/tBgMmQde8JI>

- ☐ 0 I am fully independent and can manage all personal care needs independently
- ☐ 1 I can manage all personal care needs independently but may require occasional verbal prompting
- ☐ 2 I can manage all personal care needs but may need regular prompts or minimal assistance
- ☐ 3 I require one member of staff to support with personal care needs at all times
- ☐ 4 I require two members of staff to support with personal care needs at all times in accordance with moving and handling regulations

Communication - Which of these bests describe you?

- ☐ 0 I can fully communicate, can make all needs known and can respond appropriately
- ☐ 1 I may need some support to communicate effectively
- ☐ 2 I may require aids or support to communicate effectively
- ☐ 3 I am only able to communicate needs to those who know me well
- ☐ 4 I need full support to communicate effectively and make my needs known

Independence in the Community - Which of these bests describe you?

If you would like to watch about using your local shops, leisure facilities and public services, please visit:

<https://youtu.be/f2BNFZqR-GA>

- ☐ 0 I am fully independent in the community and able to travel around the community independently
- ☐ 1 I am fully independent in familiar surroundings and uses familiar travel routes
- ☐ 2 I may need prompting or guidance in accessing the community
- ☐ 3 I require full support in accessing the community
- ☐ 4 I need a minimum of one member of staff to support them while accessing the community

Safeguarding - Which of these best describe you?

- ☐ 0 I am independent, with full awareness of hazards and dangers
- ☐ 1 I May need occasional advice or guidance on hazards and dangers.
(e.g. appropriate relationships or keeping finances safe)
- ☐ 2 I need regular advice or guidance on hazards and dangers
- ☐ 3 I need some support or supervision in relation to hazards and dangers
- ☐ 4 I need constant support or supervision in relation to hazards and dangers

Mobility - Which of these best describe you?

- ☐ 0 I have no mobility issues.
- ☐ 1 I walk without aids but may need a bit of support from time to time.
- ☐ 2 I can walk for short periods but will require assistance or support from a walker or other aid.
- ☐ 3 I use a wheelchair but can walk or manoeuvre a location with appropriate adaptations.
- ☐ 4 I require a wheelchair or bed, and at least one staff to push and transfer.

If there are any additional mobility notes, please add here:
(e.g. during an evacuation)

Engagement in Activity - Which of these bests describe you?

- ☐ **0** I find it easy to engage in all activities
- ☐ **1** I may need occasional verbal prompts to engage in activity
- ☐ **2** I need some supervision and direction to engage in activities
- ☐ **3** I need regular supervision and direction to engage in activity
- ☐ **4** I require full support to engage with activity

If there are any further notes about areas covered in this dependency assessment, please add them here:

Dependency Score:

The dependency score estimates the ideal staff to group ratio.

1 to 6	1: 10 RATIO
7 to 12	1:6 RATIO
13 to 18	1:4 RATIO
19 to 24	1:2 RATIO
25+	1:2 RATIO
30+	2:1 RATIO

If you have scored three or higher, please consider filling in the positive behaviour support plan at the end of this assessment.

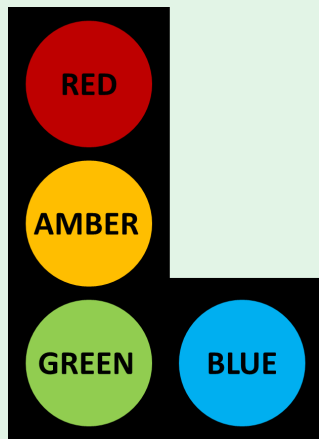
Alternatively, if you already have a positive behaviour support plan, then please forward it the following address:

lifeskills@canterburyoasttrust.org.uk

Learn more about positive behaviour support plan template [HERE!](#)

www.challengingbehaviour.org.uk

Positive Behaviours Support Plan (PBS Plan)



GREEN

(Pro-active phase)

Happy, calm and content

AMBER

(Active phase)

Anxious, aroused, agitated, or distressed

RED

(Reactive phase)

Crisis

BLUE

(post reactive phase)

Calming down but still need to be careful

Happy and well!

Please tell us more about what you are like when you are happy and well.

Example 1: They will repeat phrases about happy memories in a loud excitable way, they want you to repeat them back to show you have understood.

Example 2: They may appear to have a frown on their face but will be engaged in activities and what is happening around them.



Early warning signs!

When you are becoming anxious and distressed, what type of things might you do?

What causes you anxiety and distress?

What can we do to help you return to being calm, relaxed and, well?



Crisis!

When you are becoming extremely anxious, and perhaps out of control, what type of things might you do?

Example 1: They bang their head on the table.

Example 2: They shout and rush around.



What can we do to help? What could make things worse?

Calming Down

How can we support you best after a crisis?

What are you like after an incident of crisis?

Example 1: I would like to discuss the event in private. May appear distressed still.

Example 2: Give me space. May make a sound similar to “uuuuuuuu,” in a questioning voice.



What can we do to help? What could make things worse?

Canterbury Oast Trust takes the protection of your personal information very seriously. Please refer to our Privacy Notice for further information on how we handle your Personal Data under the Data Protection Act 2018 and the GDPR.

<https://www.c-o-t.org.uk/about-us/privacy-statement>