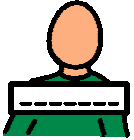


Application for Making Friends Project

General Information



Name



Date of birth



Address

.....

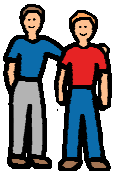


Telephone Number



Email Address

Emergency contact



Support Worker

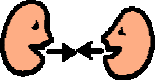






Organisation.....

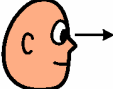




School.....



Communication

| How I like to communicate | I do this myself | I do this with help |
|--|--|---|
|  Face to face |  |  |
|  Via telephone | | |
|  Via email | | |
|  Via the internet | | |
|  Via Letters | | |

| I have difficulty with/need support with: | |
|--|--|
|  seeing | |
|  hearing | |
|  speaking | |

Communication methods I would like to use are:



telephone



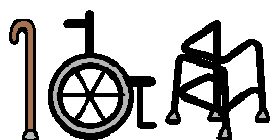
internet







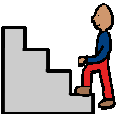


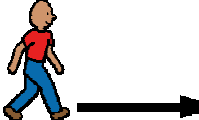
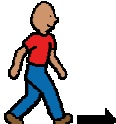
email










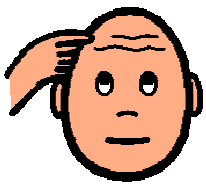
letters



Getting around

| My mobility | I do this myself | I do this with help |
|---|--|---|
|  |  |  |
|  I walk on the flat | | |
|  I can walk upstairs | | |
|  I use a walking frame | | |
|  I use a wheelchair | | |
|  I can walk for long distances | | |
|  I can only walk short distances | | |

| Transport I like to use | I do this myself | I do this with help |
|---|--|---|
|  |  |  |
|  Walking | | |
|  Bus | | |
|  Train | | |
|  Taxi | | |



Remembering things

I remember things:



By myself



Phone
Reminder



Using a calendar







Friends/family

Other ways I use to remember things are:



Money

| | Yes  | No  |
|---|---|---|
|  I handle my own money | | |
|  I like to spend my money on activities with friends | | |



I live:



By myself

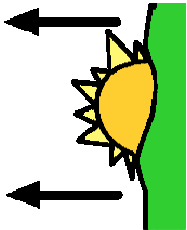
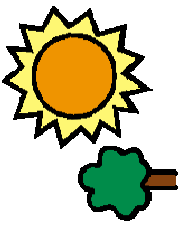



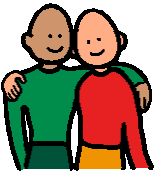
With family



With flatmates

Please tick (✓) the times that you are free

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Morning  | | | | | | | |
| Afternoon  | | | | | | | |
| Evening  | | | | | | | |

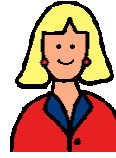


Friends

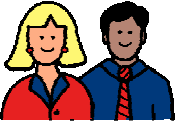
I would like to meet:



Male friends



Female friends

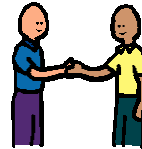


both

I like to meet with:



Groups of people

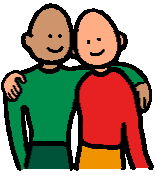


One to one









both

Things I like in a friend are



Friends

Things I don't like in a friend are:

| | Yes  | No  |
|---|---|---|
|   <p>I have friends that I see at the moment</p> | | |
|   <p>I have lost touch with friends that I would like to meet up with again</p> | | |

Details of friends:

1. _____

2. _____

3. _____

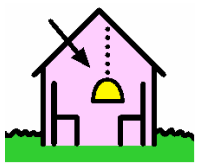
4. _____



What I like to do

In my spare time I like to:

I prefer to be:



indoors



outdoors



both



Signed:



Date:



Please return this form to:

Heather Sinclair
9 Beardmore Street
Dalmuir
G81 4HA



07500 782 432



heather.sinclair@west-dunbarton.gov.uk

Thank you

