**A picture containing icon

Description automatically generatedSuffolk Punch Participant Personal Profile**

**Use this form to let your group leaders and the event team know if there are any additional   
needs or considerations required to support your people in their participation at Suffolk Punch.**

All questions on this form are optional unless marked as required with ‘**\***’.

The questions are designed to be applicable to as wide a range of needs as possible.

You need only fill in the ones you feel are relevant to the person in question.

Please feel free to use additional pages if required.

Once complete, please return to your group/unit leader and email a copy to [info@suffolkpunch.co.uk](mailto:info@suffolkpunch.co.uk) so we can make the appropriate people aware of any specific requirements.

Please note, all information contained in this form shall be treated with the utmost confidence.

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| **What is the person’s full name?\*** |
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| **What is their group or unit name? (e.g. 1st Ipswich Scout Group)\*** |
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| **What is their booking number? (if known)** |
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| **What is your name?\*** |
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| **What is your relationship to the person in question?\*** |
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| **Does the person have any diagnosis? (relevant to their attendance at this event)**  **Are they aware of this diagnosis?** |
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| **Please provide a brief description of the person’s character, strengths, and skills.** |
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| **Does the person require any additional support to attend Scouts? (for example, will they bring a support worker with them)**  **What accommodations can we make?** |
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| **What can volunteers do to help the person to settle in and feel comfortable?** |
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| **How can we support the person with socialising with other people? Is there an approach that is particularly helpful for them?** |
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| **Are there any particular difficulties we should be aware of for group activities (for example, difficulties with sharing, losing, and so on)?** |
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| **Are there any particular situations, topics of conversation, or words that may make the person stressed or anxious?**  **If so, what are they?** |
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| **How can we best support the person if they are anxious?** |
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| **Does the person ever run away?**  **If so, in what kind of situations do they run away?**  **What are the best ways of avoiding this, or getting them to return to a safe place?** |
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| **What are the person’s interests?** |
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| **Does the person have any sensory sensitivities?**  **If so, what sensory sensitivities do they have?**  **What adaptations can we make to help them with these?** |
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| **How would the person manage an off-site visit?**  **Is there any particular preparation you’d like us to do before a visit?**  **Would they need any particular support on a trip?** |
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| **Does the person have any other disabilities or difficulties? (for example, dyspraxia, dyslexia, ADHD)** |
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