

ASSESSMENT INFORMATION FORM

For trainees to access a Travel Training programme, it is essential for the Travel Training Unit to have all relevant background information, in order to assess the level of training and support required. All information supplied is regarded as confidential.

Trainee Name						Office use only	
						Date received	Times referred
Date of Birth			Age				
Home Address						Start date	Complete date
Post Code							
Male (tick)		Parent/Carer details					
Female (tick)							
Home tel.				Mobile			
Name of person making referral							
Contact tel.							
Centre/School							
Contact tel.							
Please state the journey the trainee needs to learn including day and time							
Please comment on: Medical issues							
Disability and support level required							
Attitude and motivation							

Please complete both sides

Return to:-

BEXLEY INDEPENDENT TRAVEL TRAINING SCHEME UNIT GO5, THAMES ROAD DEPOT THAMES ROAD, DARTFORD KENT DA1 5QJ
01322311333

	Yes	No	Unknown
Has this person had any previous level of travel training?			
Does this person currently receive free, council transport?			
Does this person hold a travel pass?			
Can this person:			
recognise the dangers of crossing the road?			
use a light controlled and/or pedestrian crossing?			
cross streets safely, without using a recognised crossing?			
learn to remember routes and directions?			
read a bus number / destination?			
request help from an appropriate source?			
deal appropriately with strangers?			
maintain their own personal safety?			
Does this person:			
have any physical or sensory disabilities?			
have any allergies or phobias?			
have any issues relating to behaviour?			

Use this space to elaborate on answers, or to give any other information about the individual.	Ethnic Origin: (please complete for monitoring purposes)	
	1 White British	<input type="checkbox"/>
	2 White Other	<input type="checkbox"/>
	3 White Asian	<input type="checkbox"/>
	4 White Black Caribbean	<input type="checkbox"/>
	5 White Black African	<input type="checkbox"/>
	6 Mixed Other	<input type="checkbox"/>
	7 Asian British Indian	<input type="checkbox"/>
	8 Asian British Pakistani	<input type="checkbox"/>
	9 Asian British Bangladeshi	<input type="checkbox"/>
	10 Asian British Other	<input type="checkbox"/>
	11 Black British Caribbean	<input type="checkbox"/>
	12 Black British African	<input type="checkbox"/>
	13 Black British	<input type="checkbox"/>
	14 Chinese	<input type="checkbox"/>
	15 Irish heritage	<input type="checkbox"/>
	16 Traveller	<input type="checkbox"/>
	17 Gypsy/Roma	<input type="checkbox"/>
	18 Other	<input type="checkbox"/>
19 Refused	<input type="checkbox"/>	