

Stepping Stones
Travel Training Application Form



PERSONAL DETAILS

| | |
|--|---------------------------|
| Name: | Date of Birth: |
| Address: | Telephone Number: |
| Postcode: | |
| Telephone Number: | National Insurance No: |
| Next of Kin: Address <i>(if different from above)</i> : | Emergency contact number: |

EDUCATION

| Schools / Colleges Attended | Qualifications / Certificates Gained |
|-----------------------------|--------------------------------------|
| | |

HEALTH

| | |
|---|----------|
| Do you take any medication? | YES / NO |
| If yes do you take it yourself? | YES / NO |
| Have you any medical condition or special requirements that we should know about? | YES / NO |
| <i>Details:</i> | |

TRAVEL EXPERIENCE

| | |
|--|---------------------------------------|
| Do you travel by yourself? | YES / NO |
| Can you safely cross a road by yourself? | YES / NO |
| Can you travel by using <i>(please circle)</i> | Bus Taxi Walking Train |
| How will you benefit from Travel Training course? <i>Please explain</i> | |

*Please sign this form below and return it to the Training department at
Stepping Stones NI 39 Seymour Street Lisburn BT274SY*

Your signature:

Date:

Parent/Carer signature:

Date:

Referral agent:

Date:

Official use only

Date returned:

Actions:

Start date:

Details:



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