

Form for people who want to use our services



**Easy
Read**

Easy Read

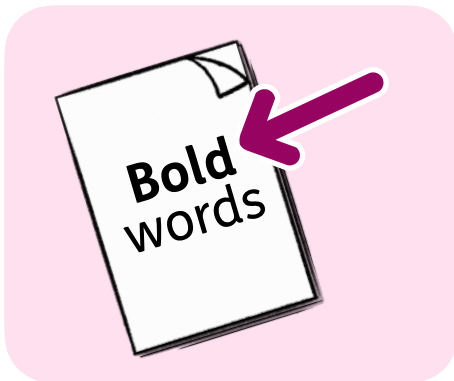


This is an Easy Read version of some information.

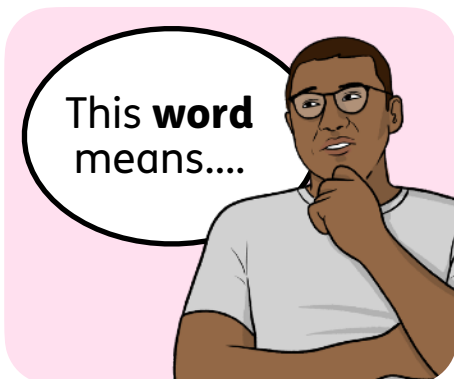
It uses easier words and pictures.



Some people may still want help to read it.



Some words are **bold** to show they are important.



We explain bold words if they are hard to understand.

What is in this booklet

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What do you think about this Easy Read booklet?

Please fill in this survey to tell us what you think: www.easy-read-online.co.uk/easy-read-feedback-survey

About this booklet



We are Trinity Community Project, part of St Albans and District Mencap.

We offer services for adults with learning disabilities, like:



- A Day Centre.



- Activities, trips and learning.



Please fill out the form in this booklet if you want to use our services.

What happens next



When we get your form, we will ask you to come and talk to us and tell us more about yourself.



We do not give medicine or help people with personal care.



If you need help with those, you will need to bring your own carer.



We will keep all your information safe and private.

Questions for you to answer



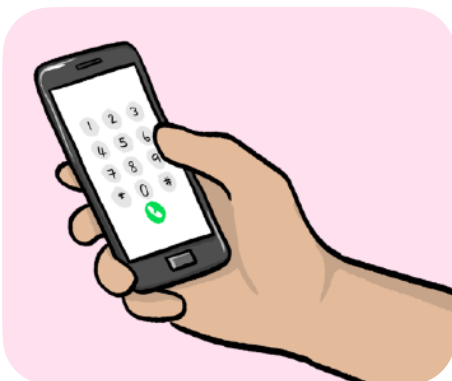
Question 1: What is your full name?



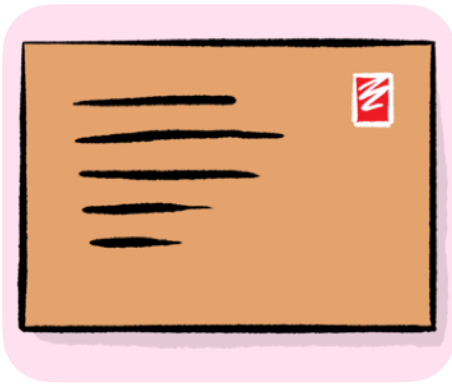
Question 2: What is your date of birth?



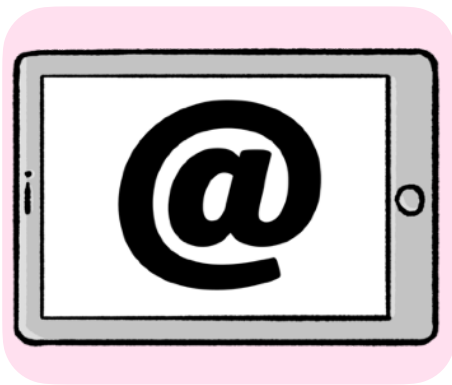
Question 3: What medical conditions or disabilities do you have?



Question 4: What is your phone number?



Question 5: What is your address?



Question 6: What is your email address?



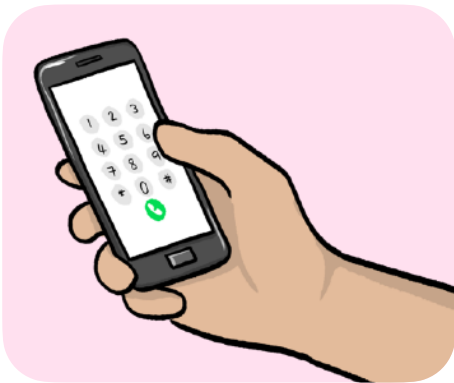
Question 7: Please write the name, address, and telephone number of your doctor in the box.



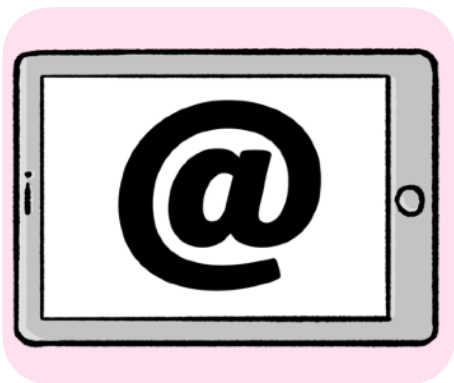
We need to know who we should contact if there is an emergency. Please write their information in the next 3 boxes.



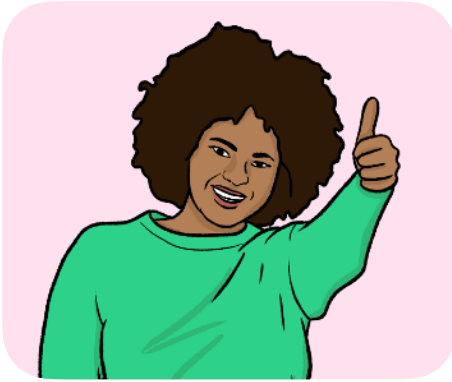
Question 8: What is their name?



Question 9: What is their phone number?



Question 10: What is their email address?



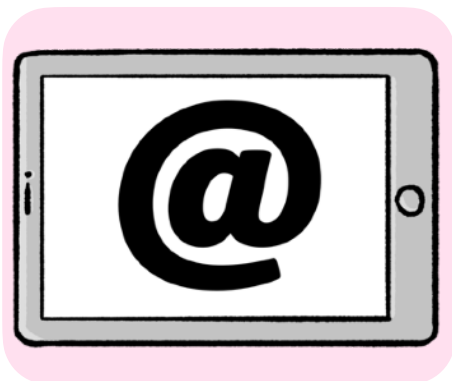
If you have a key worker or someone who organises your care, please write their information in the next boxes.



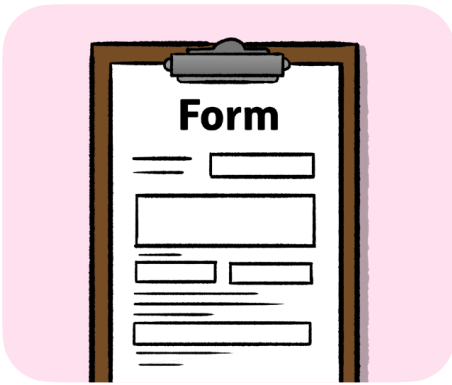
Question 11: What is their name?



Question 12: What is their phone number?



Question 13: What is their email address?



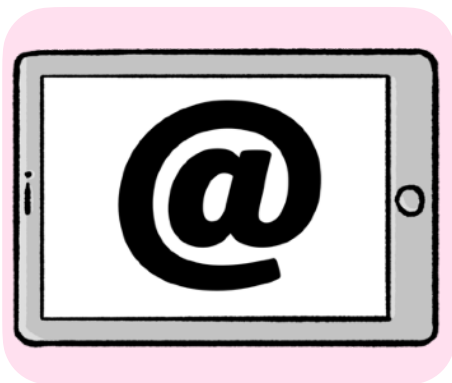
If someone has helped you fill in this form, please ask them to write their information in the next boxes.



Question 14: What is their name?



Question 15: What is their phone number?



Question 16: What is their email address?



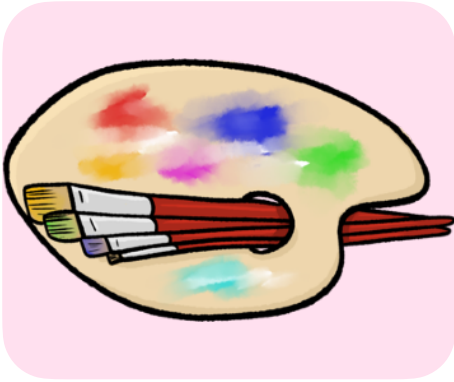
Question 17: Please tick the box to show which of our services you are interested in:



Day Centre, from 9:30am to 2:00pm.

- Monday
- Tuesday
- Wednesday
- Thursday

There are more answers on the next page.



Afternoon activities, from 2:00pm to 3:30pm.

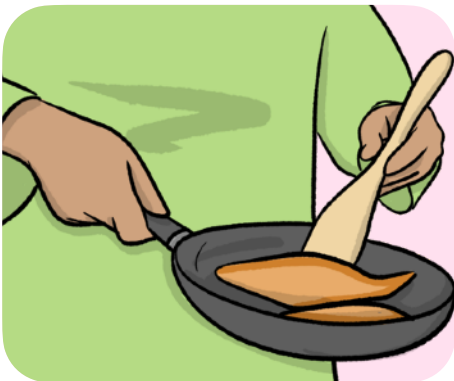
Art class

Day Trips

Music sessions

Exercise sessions

Something else - please write it in the box



Life skills.

Mental Wellbeing

Cooking

Other life skills - please write them in the box



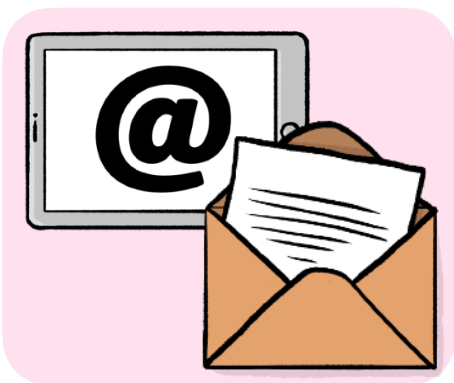
As well as the events each week, we sometimes have other courses, activities or events.



At the Day Centre, people bring their own packed lunch.



But sometimes we have special events where we give you food.



We would tell you about these events by email or letter.



Question 18: Please write any **allergies** you have in the box.

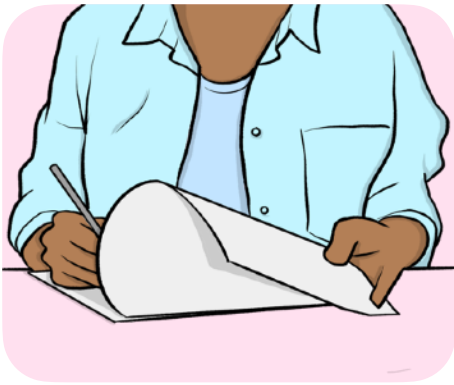
Allergies is when your body reacts badly to something you have eaten, touched or breathed in.

Please also tell us about any food you do or do not eat, like if you are a vegetarian, diabetic, or do not eat some food because of your culture or religion.



Question 19: Please write why you would like to come to Trinity Centre Project in the box.

A large, empty rectangular box with rounded corners and a black border, intended for the user to write their response to Question 19.

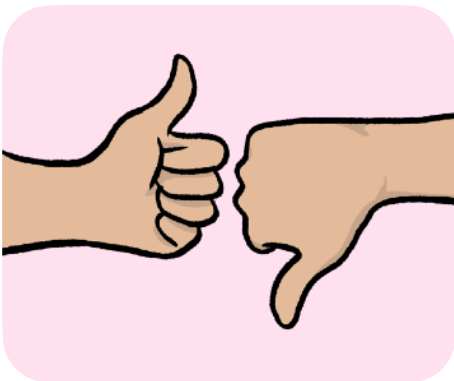


Question 20: In the box on the next page, please write any more information we should know so we can help you.

For example, this might be about:



- What we need to do to keep you safe.



- What you like and do not like.



- Anything else that will help us to support you.





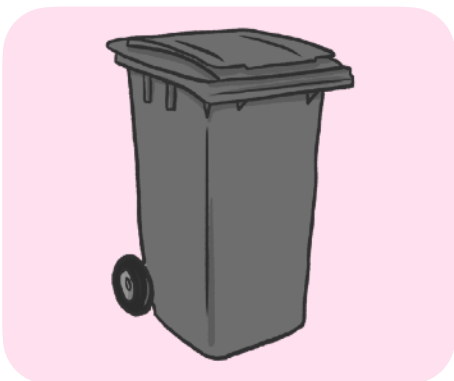
Question 21: Please tick all the boxes to say that you:



Agree to let Trinity Community Project ask other organisations who support you for information



Understand that we will keep your information safe and private



Know that you can ask us to get rid of your information

There are more answers on the next page.



Know that you can ask to see our rules about how we keep your information safe



Agree that we can contact you or other organisations that support you if we are worried about your wellbeing.



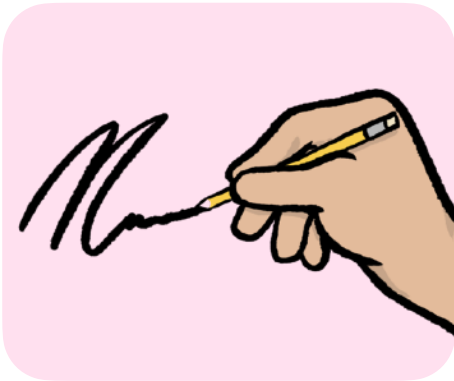
Question 22: We will put you on our mailing list to send you new information about our services.

Please tick the box if you do not want to go on the mailing list.

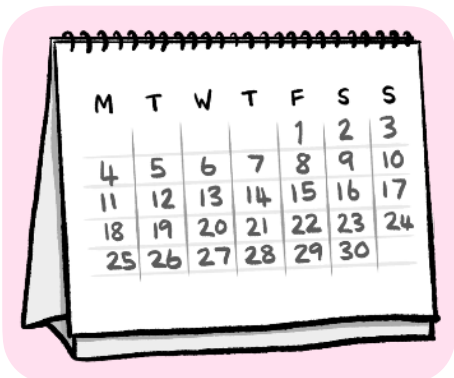


Question 23: How did you hear about Trinity Community Project?

Please write it in the box below.



Question 24: Please sign your name in this box.



Question 25: Please write the date in this box.

For support staff

Please give us a recent, relevant risk assessment which includes:



- Medication.



- Safety in community and behaviour management.



- Choking risk, falls risk or any other risks.



Please tell us if anything changes.

Find out more



You can look at our website here:
[www.stalbansmencap.org.uk/
trinity-community-project](http://www.stalbansmencap.org.uk/trinity-community-project)



You can contact Dean Davis, the
Trinity Community Project
Manager, by phone:

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