

## Adult Enquiry Form prior to a consultation

If you are in the workplace, or unemployed and would like help with skill development please complete this form as fully as you can and return it to the Centre. It will help us to help you. The answers are entirely **CONFIDENTIAL** to Centre Staff and Professionals directly concerned with you.

If you find this form difficult to complete the Centre will help you.

**YES/NO options- circle or if completing on a word processor, delete option that does not apply**

First Name									
Surname									
Mr		Mrs		Miss		Ms		Other	
Date of Birth						Male/Female			

Your Address	
Postcode	

Home Telephone	
Work Telephone	
Mobile Telephone	
Email Address	
Skype Address	

Client Code		Database		Permission	
Date	Time	Assessor/Teacher	Type	Location	

Employer	
Employer's Address	

What is your present job?	
How long have you held this position?	
Please list the jobs you have had	
If you are not in work, what work or training are you interested in?	

What do you hope we can help you with?
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How can problems affect your work?

What are your concerns and view of these problems?

Does your Human Resources Department know that you have contacted us?  
**If yes, please provide name and contact details**

Have you applied to Access to Work? YES/NO

Do you have a needs assessment report? YES/NO

If yes, please **provide a copy of the report**

Have you been assessed by an Educational Psychologist or Specialist teacher? YES/NO

If yes, please **provide a copy of the report**

Medical History: Please give information regarding any illnesses or conditions that we should be made aware of

Are you taking medication currently? YES/NO  
If yes **please provide details.**

## Important Notice

The Helen Arkell Dyslexia Centre is a registered charity. Whilst great care is taken in all matters, the Centre cannot accept any liability or responsibility for any advice given by the professionals to whom the Centre refers you or their other acts or neglect.

The Centre may, in its absolute discretion and after the appropriate permissions have been obtained, maintain, for its administrative purposes only, a confidential file of records relating to you including a copy of this Questionnaire and any reports. The Centre is at liberty to destroy such files or to charge a reasonable sum to retrieve for you any such files that have been retained.

Your completion and return of this Questionnaire is your acknowledgement that you have read, understand and accept the Terms of this notice and that you agree/ do not agree (*delete as appropriate*) to the Centre maintaining a confidential file.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you provide your e-mail address the Helen Arkell Dyslexia Centre may contact you by email.

**Please tick here if you would like to sign up to receive regular news from Helen Arkell by email**

**(You can unsubscribe at any time and we will not bombard you with emails or share your details with third parties)**

How did you hear of Helen Arkell? (Please specify details)				
Online search or Website	Friend/Relative	School or Educator	Publication	Social Media