Interactive PDF

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SENNIES PROFILE

Full name*:

Location*:

Driver*: Yes ☐ Manual ☐ Automatic ☐
No ☐

Enhanced DBS*: Yes ☐ No ☐ Renewal date:

Enhanced DBS number*:

DBS Automatic Renewal update service*: Yes ☐ No ☐

Live in/out*: Live in ☐ Live out ☐ Either ☐

About me*:

What SENNIES say:

INTERNAL USE ONLY

Junior Sennie ☐ Sennie ☐ Super Sennie ☐

SEN / Additional Needs Experience:

1. Want to gain experience 2. Somewhat experienced 3. Moderately experienced 4. Highly experienced

	1	2	3	4
ADHD ☐	☐	☐	☐	☐
Anxiety ☐	☐	☐	☐	☐
Autism / Autistic Spectrum Condition ☐	☐	☐	☐	☐
Cerebral Palsy ☐	☐	☐	☐	☐
Challenging Behaviour ☐	☐	☐	☐	☐
Colostomy Bag Users ☐	☐	☐	☐	☐
Cystic Fibrosis ☐	☐	☐	☐	☐
D/deaf Persons ☐	☐	☐	☐	☐
Down Syndrome ☐	☐	☐	☐	☐
Dyscalculia ☐	☐	☐	☐	☐
Dyslexia ☐	☐	☐	☐	☐
Dysphagia ☐	☐	☐	☐	☐
Dyspraxia ☐	☐	☐	☐	☐
Eating Disorders / Difficulties ☐	☐	☐	☐	☐
Epilepsy ☐	☐	☐	☐	☐
Fragile X Syndrome ☐	☐	☐	☐	☐
Global Developmental Delay ☐	☐	☐	☐	☐
Heart Conditions ☐	☐	☐	☐	☐
Multiple Sclerosis ☐	☐	☐	☐	☐
Pathological Demand Avoidance ☐	☐	☐	☐	☐
Prader-Willi Syndrome ☐	☐	☐	☐	☐
Profound and Multiple Learning Disabilities ☐	☐	☐	☐	☐
Personal Care Needs ☐	☐	☐	☐	☐
Rare Chromosome Disorder ☐	☐	☐	☐	☐
Rare Disease ☐	☐	☐	☐	☐
Seizures ☐	☐	☐	☐	☐
Sensory Processing Disorder ☐	☐	☐	☐	☐
Social, Emotional and Mental Health Needs ☐	☐	☐	☐	☐
Trauma (Emotional) ☐	☐	☐	☐	☐
Traumatic Brain Injury ☐	☐	☐	☐	☐
Visual Impairments ☐	☐	☐	☐	☐
Wheelchair Users ☐	☐	☐	☐	☐
Other (Please Specify):	☐	☐	☐	☐

Special Educational Needs & Childcare Work Experience

Please list your most recent and/or most relevant experience working with children and/or those with Special/Additional needs

Position held*: Age(s)*: Days/hours*: Dates worked*:

Additional Needs present*: N/A

Responsibilities*:

Proudest achievement in role*:

Reason for leaving*:

Position held*: Age(s)*: Days/hours*: Dates worked*:

Additional Needs present: N/A

Responsibilities:

Proudest achievement in role:

Reason for leaving:

Position held*: Age(s)*: Days/hours*: Dates worked*:

Additional Needs present: N/A

Responsibilities:

Proudest achievement in role:

Reason for leaving:

Practical Experience, Training and Certifications:

1. Yes / Obtained **2.** Need to renew **3.** Willing to obtain

	1	2	3
Administering Medication			
Autism Awareness			
Care Certification			
Eye Gaze			
First Aid			
First Aid (Pediatric)			
Makaton			
PECS			
PEG Feed			
People Moving and Handling			
Safeguarding			
Understanding Autism			
CACHE Qualifications (Please Specify):			
SENNIES Training (Please Specify):			
Other (Please Specify):			

Teaching Experience*:

Qualified Teacher
Years of experience

Teaching / Learning Support Assistant
Years of experience

1:1 / 2:1 support
Years of experience

Homeschool support
Years of experience

Tutor
Years of experience

Vocational Teacher
Years of experience
e.g. Drama, Dance or Sports teacher etc.

N/A

Highest level of education*:

Hobbies and Special Interests*:

Additional information:

Please use this space to tell us any further details or important information you'd like our SENNIES families to know about you or your experience