**Applicant Name**: Click or tap here to enter text.

**Applicant Coru Registration Number**: Click or tap here to enter text.

**Communication Skills** - Please indicate in the table below the communication areas in which you consider yourself competent to facilitate communication.

|  |  |
| --- | --- |
|  | **Client Age Groups** |
| **Main communication needs** | **Under 5** | **5-11** | **12-17** | **18-65** | **Over 65** |
| Attention deficit hyperactivity disorder |[ ] [ ] [ ] [ ] [ ]
| Autistic Spectrum Disorder |[ ] [ ] [ ] [ ] [ ]
| Language delay/disorder |[ ] [ ] [ ] [ ] [ ]
| Mild/moderate learning disability |[ ] [ ] [ ] [ ] [ ]
| Severe learning disability |[ ] [ ] [ ] [ ] [ ]
| Dementia (includingAlzheimer’s disease) |[ ] [ ] [ ] [ ] [ ]
| Bi-polar affective disorder |[ ] [ ] [ ] [ ] [ ]
| Mental health issues |[ ] [ ] [ ] [ ] [ ]
| Obsessive compulsive disorder |[ ] [ ] [ ] [ ] [ ]
| Personality disorder |[ ] [ ] [ ] [ ] [ ]
| Schizophrenia |[ ] [ ] [ ] [ ] [ ]
| Depression |[ ] [ ] [ ] [ ] [ ]
| Brain or head injury(including a stroke) |[ ] [ ] [ ] [ ] [ ]
| Deafness/hearing impairment |[ ] [ ] [ ] [ ] [ ]
| Neurological and progressive disorders |[ ] [ ] [ ] [ ] [ ]
| If you feel that your communication skills cover areas which do not fall within the categories above, please list these below: |
|  |[ ] [ ] [ ] [ ]  [ ]  |
|  |[ ] [ ] [ ] [ ]  [ ]  |