**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 (including  Alzheimer’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: | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |