



**Personal Profile Form Under 11**

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**To be completed by the child or young person with adult support if necessary**

<b>My Name is:</b>	<b>Age:</b>	<b>Branch:</b>
<b>Parent/ Person with PR:</b>	<b>Email:</b>	<b>Phone no:</b>

<b>The things I do well:</b>
<b>The things I find difficult:</b>
<b>How to know if I need help:</b>
<b>What you can do to help me:</b>

<b>Allergies:</b>	<b>My health needs:</b>
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<b>I consent for this form to be shared as appropriate:</b>
<b>Signature (or name if online) of parent/ person with PR:</b>

Date:

**Any further information from the parent:**