



Before completing the adjustment plan, please read through our guidance on [making adjustments](#).

Work together with the team attending the event and parent/carers (if relevant) to complete this form.

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| Name of young member: |
| Membership number and section: |
| Name of event: |
| Date(s) of event: |
| Person responsible for first aid at the event (if known): |

1. Do you use any equipment? Do you need any help with using and managing your equipment for this event?

| Medication name | Dosage | Frequency |
|-----------------|--------|-----------|
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| | | |

3. Who can administer/use this medication, and is specialist training needed?

4. Where should your medication/equipment be kept during the event?

5. What changes might the volunteer team need to make for this event?

Use this section to tell us about any support you need with:

- Sleep and bedtime
- Eating and drinking
- Washing and bathing
- Toileting
- Dressing and undressing

6. Is there anything else that you or your support/carer would like to share about how to best support you at this event?

Section 2: Making adjustments

1. Please note the adjustments agreed for this event

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Section 3: Sign off

Young member and parent/carer:

By signing, I agree:

- The information given on this form is accurate, to the best of my knowledge, at the time of writing.
- I'm comfortable with the adjustments agreed in this plan and I'm comfortable for Girlguiding volunteers to make the adjustments agreed.
- Girlguiding HQ may be contacted for further support about the adjustments agreed in this plan.

| | |
|--|-------|
| Signature of young member (if over the age of 18 – or over 16 in Scotland): | |
| | Date: |
| Signature of parent/carer (if young member is under 18 – or under 16 in Scotland): | |
| | Date: |

Person making adjustments eg, unit leader/first aider/commissioner:

By signing, I agree:

- The information given on this form is accurate, to the best of my knowledge, at the time of writing.
- I'm comfortable with the adjustments agreed in this plan.
- I agree to follow this plan as best as I can, and will seek further support if I need it.

| | |
|---|-------|
| Name and role of person who will be making the adjustments agreed in this plan: | |
| | |
| Signature: | Date: |

Please follow our [managing information procedure](#) to make sure any personal data on this form is managed safely and legally.

If you need more support, please get in touch with your division commissioner or contact our volunteer support team at HQ by email: volunteersupport@girlguiding.org.uk