

CONFIDENTIAL

SALTER'S HILL CHARITY

APPLICATION FORM

Day Opportunities – Creative Learning and Leisure

SALTER'S HILL CHARITY

PLEASE USE **BLOCK** CAPITALS. THIS FORM SHOULD BE COMPLETED IN FULL AND RETURNED WITH ALL AVAILABLE REPORTS TO:
Mrs. Julie Newman, Creative Learning and Leisure Manager, Salter's Hill Charity Ltd.
SALTER'S HILL BARN, KEEPERS COTTAGE, FALCON LANE, LEDBURY,
HEREFORDSHIRE. HR8 2JN

SURNAME			FORENAMES	
D.O.B.	AGE	SEX	RELIGION	NATIONALITY/ETHNIC ORIGIN

ADDRESS:

TEL:

POST CODE:

DAYTIME CONTACT IN CASE OF EMERGENCIES:

RELATIONSHIP:

Telephone:

Mobile

POST CODE:

G. P NAME & TELEPHONE NUMBER

WHEN IS PLACEMENT REQUIRED?

WILL THE APPLICANT BE ACCOMPANIED (KEYWORKER / SUPPORT STAFF) Y / N

HAS ANY APPLICATION FOR A SERVICE EVER BEEN REFUSED? Y / N

IF YES, PLEASE GIVE DETAILS:

HEALTH

MEDICAL DIAGNOSIS

SYNDROME (if applicable)

DETAILS OF CURRENT MEDICATION REQUIREMENTS DURING THE DAY AND LEVEL OF SUPPORT REQUIRED

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SPECIAL PRECAUTIONS – CONTRA-INDICATIONS – SENSITIVITY TO DRUGS – ALLERGIES etc:

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DIET – ANY SPECIAL REQUIREMENTS OR ALLERGIES

ABILITY TO ADAPT TO CHANGES- E.g. last minute changes to planned activity, changes of personnel etc.

PEN PORTRAIT (Personality, likes/dislikes, mobility, significant relationships, phobias, hobbies, level of social competence):

SOCIAL ASSESSMENT

PLEASE TICK IF TOTALLY INDEPENDENT; IN AREAS OF DIFFICULTY PLEASE ELABORATE. This helps us plan groups and assess needs when attending Creative Learning workshops

1. Uses cutlery appropriately
2. Will dress taking into consideration weather and occasion
3. Is able to attend to toileting needs
4. Attends to personal hygiene needs
5. Takes care of possessions
6. Has due regard for the possessions of others
7. Understands spoken instructions and information
8. Can express needs through speech
9. Tells the time
10. Reads
11. Writes
12. Is aware of road safety
13. Can use public transport with assistance
14. Understands the value of money
15. Can use potentially dangerous tools safely
16. Works without supervision
17. Works as a member of a group
18. Will ask for help

RISK ASSESSMENT – Please provide your most recent Risk Assessment for the individual in relation to Social Interaction and attendance at Day Opportunities.

Risk Assessment attached Yes. No.

NAME.....

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RELATIONSHIP TO APPLICANT.....

DATE.....

NOTES

1. In applying for Creative and Learning Leisure workshops, individual needs and the aims of the charity must be considered. It is therefore of paramount importance that this form is completed with this in mind, thus making possible a smooth transition and integration into the Workshops

2. If you are furnishing original assessments/records and wish them to be returned, please indicate accordingly and unless you advise us to the contrary, we assume we can take photo-copies of them.

3. For the purposes of identification it would be appreciated if you would supply a passport type photograph of the applicant for our records. IF this is not available do we have your permission to take a photograph?

Yes

No

6. It would greatly assist us in ensuring we offer a valid a tailored service if we could be regularly updated of any significant change in circumstances that would assist us in ensuring the client gains most from the experiences at Salters Hill Charity.

7. All attendance will be for a probationary period of 4 weeks in the first instance. This will ensure that Salters Hill Charity is able to offer the most appropriate level of support for the individual and that both parties are happy to continue with attendance on a regular basis

8. The progress of all workshop attendees is subject to an annual review by those involved in the facilitating the workshops usually carried out in June.