

MUNTSY'S COMMUNITY CARE ACTIVITIES LTD

APPLICATION FORM

Personal Details				
Please circle Mr/Mrs/Miss/Ms	Forename(s) Preferred name	Surname		
Date of Birth	Age	Social Worker: Local Office:		
Home Address	Name Key worker :			
Email Address:	Telephone No.	Mobile:		
Emergency contact and `phone No.		How would you get home in an emergency/if you were sick?		
		By taxi By bus Walk Someone would collect me (Who?)		
Current attendance at activities/ clubs /college/ day service etc.				
Monday	Tuesday	Wednesday	Thursday	Friday

About You

Who do you live with?

What do you like doing in your spare time?

What do you hope to gain by joining our song, dance and music course

Activities in the group

<p>What activities are you interested in? (Please tick ✓)</p> <p>Community awareness /community training</p> <p>Social & leisure Activities</p> <p>Independent living skills (e.g. cooking, shopping, making a bed etc)</p> <p>Crafts/expressive arts activities</p> <p>Community projects</p> <p>Health awareness</p>	<p>Work skills</p> <p>Work Ready Group (work skills/on the job supported training)</p> <p>Housing Options</p> <p>Singing</p> <p>Dancing</p> <p>Drama/dance/singing etc</p> <p>Other</p>
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Additional Support

Do you need additional support to take part in these activities? Yes No
(Please circle)

Please explain the type of support you need

Travel	YES	NO
Do you walk/use buses independently?		
Do you have support when using the bus/taxi?		

MEDICAL INFORMATION

You do not have to tell us anything you don't want to. However, it is always helpful for us to know about your medical condition/needs, as our priority is to ensure that you are safe whilst with us.

Name.....

Name and address of your GP

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Tel No.....

Please give details of all medical conditions/diagnosis (e.g. epilepsy, asthma, diabetes, migraine, heart defect, cerebral palsy etc)

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Any allergies? (E.g. hay fever, penicillin, nuts etc)

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Please give details of any current medication (e.g. tablets, inhaler, cream etc with dose and time)

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Last Tetanus vaccination? Year

Please tell us of anything else you think we should know about

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SignedDate

Remember!

Please attach a copy of your Adult and Community Supported Assessment of Social Care with this application together with a recent photograph