

**GUIDEPOSTS TRUST COMMUNITY LEARNING DISABILITY SERVICES**

**APPLICATION AND ASSESSMENT OF SUITABILITY FOR**

**DAY SERVICE/OUTREACH SUPPORT**

**SECTION A DETAILS OF APPLICANT**

NAME:	DATE OF BIRTH:
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ADDRESS:
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TELEPHONE:
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SOURCE OF REFERRAL (OR REFERRING AGENCY):
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Contact in case of emergency, showing name, address, home telephone number, relationship and place of work, if appropriate:
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NAME AND ADDRESS OF GP:
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## SECTION B HEALTH OF APPLICANT

DOES APPLICANT SUFFER FROM EPILEPSY?

YES / NO

If YES, please give details:

PLEASE GIVE DETAILS OF ANY PHYSICAL DISABILITY, ALLERGIES AND ANY OTHER HEALTH PROBLEMS:

IS APPLICANT ON ANY MEDICATION?

A. Please give details

B. State if supervision is required.

DETAILS OF ANY CURRENT RISK ASSESSMENTS IN PLACE AND ANY OTHER INFORMATION APPROPRIATE TO REFERRAL (Please attach if necessary):

EXTENT OF MOBILITY: (with aids if used)

IS APPLICANT SUBJECT TO SPECIAL DIETS ? (with details if YES):

DOES THE APPLICANT HAVE CONTINENCE PROBLEMS? (with details if YES)

TO WHAT EXTENT DOES APPLICANT REQUIRE ASSISTANCE WITH PERSONAL NEEDS? (Such as at meal times / going to toilet):

IS THERE IMPAIRMENT IN ANY OF THE FOLLOWING:  
(Please answer YES/NO or SEVERE)

SPEECH

VISION

MEMORY

HEARING

IS APPLICANT CURRENTLY ATTENDING HOSPITAL YES / NO

NAME OF CONSULTANT IF APPROPRIATE:HOSPITAL ATTENDED OR LAST ATTENDED:

DETAILS OF CURRENT TREATMENT:

## SECTION C OTHER RELEVANT INFORMATION

**PRESENT LIVING ARRANGEMENTS OF APPLICANT:**

(Where, with whom, family relationships, length of permanence of the arrangement, any short term arrangements):

**PRESENT EDUCATIONAL AND WORK ARRANGEMENTS:**

(Where, when and for how long, specify activities):

**PRESENT LEISURE ACTIVITIES:**

(Where, what and with whom. Include formal / informal activities, home-based as well as outside activities):

DETAILS OF ANY TRAINING, PREVIOUS OCCUPATION OR EDUCATIONAL HISTORY WHICH COULD BE RELEVANT:

APPLICANT'S EXPECTATIONS FOR THE FUTURE  
(In terms of living, educational and work arrangements, and leisure activities):

NEEDS OF APPLICANT IDENTIFIED AS TO BE MET BY DAY SERVICE/OUTREACH SUPPORT AND FUNDING AVAILABILITY:

DATE:

SIGNATURE:

POST

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**SECTION D ACCEPTANCE TO RECEIVE DAY SERVICE/OUTREACH SUPPORT (TO BE COMPLETED BY GUIDEPOSTS)**

DETAILS OF DAY SERVICE/OTREACH SUPPORT:  
(Where, when and start date)

IS TRANSPORT NEEDED?            YES / NO

IF YES, give details of arrangements:

BRIEF OUTLINE OF PLAN AGREED TO MEET APPLICANT'S NEEDS:

DATE OF INITIAL AND SUBSEQUENT REVIEWS

1:

2:

DATE

SIGNATURE OF MANAGER

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