

DAVID LEWIS DAY SERVICES

Application Form

All information included on and accompanying this application form will be treated as private and confidential

Please return to the, Head of Day Services at:

David Lewis Day Services, Mill Lane, Warford, Nr Alderley Edge, Cheshire SK9 7UD

[donna.ogden@davidlewis.org.uk](mailto:donna.ogden@davidlewis.org.uk)

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Completed By** | | |
| Parent | |  |
| Carer | |  |
| Other (give details) |  | |
| Your Name |  | |

|  |  |
| --- | --- |
| **Which month/year are they applying for?** | |
|  | |
| **Which provision are they applying for?** (Please tick below) | |
| Day Services | |
| Land Based Services | |
| **What type of placement are they applying for?** | |
| Full Time |  |
| Part Time |  |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individuals details** | | | | |
| Forename(s) |  | | | |
| Surname |  | | | |
| Address (line 1) |  | | | |
| Address (line 2) |  | | | |
| City/Town/Village |  | | | |
| County and Post Code |  | | | |
| Email |  | | | |
| Telephone |  | | | |
| Date of Birth |  | | | |
| National Insurance Number |  | | | |
| National Health Number |  | | | |
| Gender | Male |  | Female |  |

|  |  |
| --- | --- |
| **Ethnicity** | |
| White | |
| English / Welsh / Scottish / Northern Island / British |  |
| Irish |  |
| Any other white background |  |
|  |  |
| Mixed / Multiple ethnic groups | |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other mixed / multiple ethnic backgrounds |  |
|  |  |
| Asian / Asian British | |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
|  |  |
| Black / African / Caribbean / Black British | |
| African |  |
| Caribbean |  |
| Any other Black / African / Caribbean / Black British background |  |
|  |  |
| Other ethnic group | |
| Arab |  |
| Other |  |
|  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Details 1** | | | | | | | | |
| Title | Mr |  | Mrs |  | Ms |  | Other |  |
| Forename(s) |  | | | | | | | |
| Surname |  | | | | | | | |
| Relationship |  | | | | | | | |
| Address (line 1) |  | | | | | | | |
| Address (line 2) |  | | | | | | | |
| City/Town/Village |  | | | | | | | |
| County |  | | | | | | | |
| Postcode |  | | | | | | | |
| Occupation |  | | | | | | | |
| Telephone Number |  | | | | | | | |
| Email |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Details 2** | | | | | | | | |
| Title | Mr |  | Mrs |  | Ms |  | Other |  |
| Forename(s) |  | | | | | | | |
| Surname |  | | | | | | | |
| Relationship |  | | | | | | | |
| Address (line 1) |  | | | | | | | |
| Address (line 2) |  | | | | | | | |
| City/Town/Village |  | | | | | | | |
| County |  | | | | | | | |
| Postcode |  | | | | | | | |
| Occupation |  | | | | | | | |
| Telephone Number |  | | | | | | | |
| Email |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Social Worker / Care Manager** | | | | | | | | |
| Title | Mr |  | Mrs |  | Ms |  | Other |  |
| Forename(s) |  | | | | | | | |
| Surname |  | | | | | | | |
| Address (line 1) |  | | | | | | | |
| Address (line 2) |  | | | | | | | |
| City/Town/Village |  | | | | | | | |
| County |  | | | | | | | |
| Postcode |  | | | | | | | |
| Occupation |  | | | | | | | |
| Telephone Number |  | | | | | | | |
| Email |  | | | | | | | |

|  |  |
| --- | --- |
| **Current Placement Details** | |
| Name |  |
| Address (line 1) |  |
| Address (line 2) |  |
| City/Town/Village |  |
| County |  |
| Postcode |  |
| Telephone Number |  |
| Email |  |

|  |  |
| --- | --- |
| **Nature of Learning Disability** | |
| Mild |  |
| Moderate |  |
| Severe |  |
| **Diagnoses** | |
|  | |
| **Please state any other disabilities** | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Details** | | | | |
| Does the young person have capacity in any areas | Yes |  | No |  |
| If yes, have specific capacity assessments been completed? | Yes |  | No |  |
| Is the young person subject to a DOLS? | Yes |  | No |  |
| Do you have Court Appointed Deputyship? | Yes |  | No |  |
| Are there any safeguarding concerns ongoing | Yes |  | No |  |
| Please comment on any of the above | | | | |
|  | | | | |

|  |
| --- |
| **About the Individual (the prospective service user)** |
| Who do they live with? |
|  |
| Please tell us about their family |
|  |
| What interests and hobbies do they have? |
|  |
| What are their likes? |
|  |
| What are their dislikes? |
|  |
| What awards, achievements and / or qualifications do they have? |
|  |
| What do they hope they will learn from coming to David Lewis Day Services? |
|  |

|  |
| --- |
| **Previous / Current Placement** |
| Please outline how long the individual has been at their latest school/college/provision. |
|  |
| What does the individual like doing at school/college/provision |
|  |
| Please give details of any vocational programmes or work experience the learner has participated in. Please give details about timescale, level of independence, support etc. |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health and Well Being** | | | | | |
| Please specify general health, recurring conditions and regular treatments | | | | | |
|  | | | | | |
| Tell us about any time in hospital they have had for medical reasons | | | | | |
|  | | | | | |
| Do they have visual impairment? | | | | | |
|  | Yes |  | No | |  |
| If so, do they use any specialist or adapted equipment? | | | | | |
|  | | | | | |
| Do they have any hearing impairment? | | | | | |
|  | Yes |  | No | |  |
| If so, do they use any specialist or adapted equipment? | | | | | |
|  | | | | | |
| Do they have any known allergies? | | | | | |
|  | Yes |  | No | |  |
| If so, please tell us what they are? | | | | | |
|  | | | | | |
| Do they have any Eating/Drinking/Swallowing and/or Dietetic Concerns? | | | | | |
|  | Yes |  | No |  | |
| If so, please tell us what they are? | | | | | |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Epilepsy** | | | | |
| Do they have epilepsy? | Yes |  | No |  |
| If yes, what type of seizures? | | | | |
|  | | | | |
| Possible triggers | | | | |
|  | | | | |
| Frequency | | | | |
|  | | | | |
| How are they Managed? | | | | |
|  | | | | |
| Do they require any specialist or adapted equipment? | | | | |
| If yes, please specify | Yes |  | No |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mental Health** | | | | |
| Does the learner have a formal diagnosis | Yes |  | No |  |
| If so please give details of diagnosis and treatment. | | | | |
|  | | | | |

|  |
| --- |
| **Please specify any other medical issues** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** | | | | | |
| Do they take any medication? | | Yes |  | No |  |
| If so please tell us what it is |  | | | | |
| When do they take it? |  | | | | |
| How much do they take? |  | | | | |
| What do they take it for? |  | | | | |
| How long have they been taking it? |  | | | | |

|  |  |
| --- | --- |
| **GP** | |
| Forename(s) |  |
| Surname |  |
| Address (line 1) |  |
| Address (line 2) |  |
| City/Town/Village |  |
| County |  |
| Postcode |  |
| Telephone Number |  |

|  |  |  |
| --- | --- | --- |
| **Other professional – community nurse, psychiatrist, and psychologist?** | | |
| Name | Address & Post code | Telephone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Personal Care Support** | |
| Please comment on the Level of support required to undertake the following tasks: | |
| Toileting |  |
| Bathing |  |
| Washing |  |
| Hair washing and brushing |  |
| Teeth cleaning |  |
| Showering |  |
| Shaving |  |
| Menstruation |  |
| Dressing - choosing appropriate clothing - managing buttons, zips and laces etc. | |
|  | |
| Does the young person require any specialist / adapted equipment for any of the tasks listed above | |
|  | |

|  |  |
| --- | --- |
| **Support for Independence** | |
| Please comment on the Level of support required to undertake the following tasks: i.e. no support, hand over hand support, some support, full support etc. | |
| Making hot / cold drinks |  |
| Food preparation |  |
| Eating |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community and Home** | | | | | |
| Please comment on mobility: | | | | | |
| Ability to cope with stairs / steps / slopes |  | | | | |
| Any limitations in walking distances |  | | | | |
| Specialist adapted equipment |  | | | | |
| Orientation in the home environment |  | | | | |
| Are they able to recognise danger in the home i.e. hot surfaces/kettles knives etc/. | | | | | |
| Please comment | | Yes |  | No |  |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community Awareness** | | | | | |
| What level of supervision does the individual usually have when out in the community? 1:1 2:1 | | | | | |
| 1:1 |  | 2:1 |  | 3:1 |  |
| Comment | | | | | |
|  | | | | | |
| Comment on awareness of danger i.e.Strangers, social awareness, financial vulnerability | | | | | |
|  | | | | | |
| Comment on road safety skills | | | | | |
|  | | | | | |

|  |
| --- |
| **Sensory Issues** |
| Does the individual have any sensory needs I.e. current sensory profile? Strategies currently used-brushing, weighted therapy, any equipment used specific to the individual, movement breaks. |
|  |

|  |
| --- |
| **Communication** |
| How does the young person communicate? Verbal, PEC’s, symbols, OoR, visual timelines, traffic lights, Makaton or other signing. |
|  |

|  |  |
| --- | --- |
| **Behaviour** | |
| Many young people with neurological or developmental difficulties also have behavioural or emotional problems. These can sometimes present risks to the individual or others around them and can impact on the amount of support they need. In order for us to provide the safest learning environment for all our students, it is important for us to understand their behaviour.  Please answer the following questions as accurately as possible, thinking about the individual over the past year. Use the following scales to show frequency (how often) and severity (overall impact): | |
| **Frequency** | **Severity** |
| 0 = Never | 0 = No impact/damage/injury |
| 1 = Less than once a week impact/damage/injury | 1 = Minimal |
| 2 = Once per week impact/damage/injury | 2 = Mild |
| 3 = Two or more times per week impact/damage/injury | 3 = Moderate |
| 4 = Once per day | 4 = Severe impact/damage/injury |
| 5 = Two or more times per day | 5 = Extreme impact/damage/injury |

|  |  |  |  |
| --- | --- | --- | --- |
| **How often does the young person….** | | **Frequency** | **Severity** |
| Shout or scream (not at people)? | |  |  |
| Shout at other people? | |  |  |
| Swear at other people? | |  |  |
| Make threats of violence towards others? | |  |  |
| Please comment on frequency and severity: | |  |  |
| Throw objects? | |  |  |
| Rip or tear up paper or clothing? | |  |  |
| Damage  objects/environment Please give examples (e.g. Property -doors/walls) | |  |  |
| Display physical aggression towards other people? | |  |  |
| Hit/slap |  |  |  |
| kick |  |  |  |
| scratch/pinch |  |  |  |
| pull hair |  |  |  |
| bite |  |  |  |
| Hands on throat |  |  |  |
| other (please describe) | |  |  |
| Who is this usually directed at? | |  |  |
| Parents |  |  |  |
| Care staff |  |  |  |
| Teaching staff |  |  |  |
| Peers |  |  |  |

|  |  |  |
| --- | --- | --- |
| **How often does the young person….** | **Frequency** | **Severity** |
| Take other people’s things? |  |  |
| Eat or attempt to eat non-food items? |  |  |
| Display behaviour that might cause injury to themselves? |  |  |
| Engage in repetitive behaviours (e.g. rocking, hand flapping, and twirling objects)? |  |  |
| Make sexual comments |  |  |
| Take clothes off or expose themselves in communal / public areas? |  |  |
| Masturbate in public / communal areas? |  |  |
| Refuse to attend school/college/provision? |  |  |
| Leave school or home without letting anyone know? |  |  |
| Run away from parents/carer whilst on trips out? |  |  |

|  |
| --- |
| Please describe any triggers to these behaviours |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the young person ever been arrested or had involvement with the police? | | | | |
| If yes, please comment | Yes |  | No |  |
|  | | | | |
| Has the young person ever talked about or attempted suicide? | | | | |
| If yes, please comment | Yes |  | No |  |
|  | | | | |
| Are there any past or current protection / safeguarding issues involving the young person? | | | | |
| If yes, please comment | Yes |  | No |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Photography & Video** | | | | |
| Photographs and videos are used internally but occasionally can be accessed by external verifiers. We use all media in accordance with the Data Protection Act.  If this placements is accepted, do you give permission for David Lewis to take photographs and video: | | | | |
| For individuals work, participation in activities to go on display/ | Yes |  | No |  |
| Sometimes we find pictures that we can use to help promote our charity. We would be grateful if you could give us permission to use them. | | | | |
| For promotional purposes, websites, leaflets etc. | Yes |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Extra Information** | | | |
| In order to make progress with this application, please attach copies of the following reports, reviews and plans with this initial application form, if you have them: | | | |
| Speech and Language Therapist Report |  | Psychologist/Psychiatrist Reports |  |
| Communication Profile |  | Social Services Assessment |  |
| Eating and Drinking Plan |  | Behaviour Support Plan/Guidelines |  |
| Sensory Diet/Sensory Profile |  | Occupational Therapist Report |  |
| Physiotherapist Report |  | Relevant Risk Assessments |  |
| Personal Care Plan |  |  |  |

|  |
| --- |
| **Disclaimer** |
| At some time in the future it may be necessary to approach one or more of the authorities, agencies, practices or hospitals that you have mentioned in order to obtain more information or other details about the young person. This requires your written permission. So that anyone we contact can release the information, please read carefully then sign the Agreement below for us to request information. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To Whom It May Concern: Request for Information** | | | | |
| I agree that David Lewis Day Services can seek any information that the service feels may be relevant in assessing this individual for a place at Day Service. I understand that any information disclosed will be treated with the strictest confidence in accordance with the Data Protection Act 1984. | | | | |
| Forename(s) |  | | | |
| Surname |  | | | |
| Address (line 1) |  | | | |
| Address (line 2) |  | | | |
| City/Town/Village |  | | | |
| County |  | | | |
| Post Code |  | | | |
| Email |  | | | |
| Telephone |  | | | |
| Date of Birth |  | | | |
| Gender | Male |  | Female |  |
| Signature (on or behalf of) |  | | | |

|  |  |
| --- | --- |
| **Application Form Information** | |
| I have read and agree that all information relevant to the application has been disclosed and that all the information provided throughout this application is true and correct. | |
| Full Name |  |
| Signature |  |
| If anyone other than the young person signs this form, please state what your relationship is to them: | |
| Relationship to the individual |  |
| Date |  |

|  |
| --- |
| **Data Protection Act** |
| The information supplied may be used for registered purposes under the provisions of the Data Protection Act 1984 and Schedule 1 Part 11 of the Local Government Finance Act 1992 |

|  |
| --- |
| **Continuation sheet** |
|  |

It is the responsibility of the Parent/Carer to ensure this is returned to the Head of Day Services, Donna Ogden at:

David Lewis Day Services, Mill Lane, Warford, Nr Alderley Edge, Cheshire, SK9 7UD

donna.ogden@davidlewis.org.uk

Thank you for completing this form. We appreciate the time you have taken to give us the comprehensive information we need in order to consider the individual’s suitability for a placement at David Lewis Day Services.