

APPLICATION FORM

**This form should be completed by the applicant whenever,
and to the extent, possible.
Assistance may however be given as necessary.**

Full name and present address of applicant (BLOCK CAPITALS)

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National Insurance No..... Telephone.....

Date of Birth..... Sex.....

Place of Birth.....

Name and address of

Next of Kin (or contact person)

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.....
.....

Telephone.....

We would appreciate if you could attach a photograph of yourself

The information given on this form will help us to begin to get to know you. If you come to spend some time in Camphill Community the contents of the form maybe shared with those people who are responsible in the house, in order that you can be supported in a helpful way. The information may be sent to one or more Camphill Communities to assist in finding the right place for you.

Name and Address of Local Authority Social Services Department:

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Telephone:

Name of Social Worker:.....

Please show this form to someone who knows you well. They should add anything which is needed so that the information is complete. Please ask them to write a reference which can be enclosed with this form or sent separately.

Name and address of Person who helped to complete this form:

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.....

Relationship:

Signature:

Where did you hear about Camphill?

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Have you had an interview in Camphill, or just visited a centre? Please give place and date and, if you know it, the name of the person you talked to.

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If you have previously spent time in Camphill Community we will ask that place for further information.

1. PARENTS AND FAMILY CIRCUMSTANCES

Please give name and address of FATHER:

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Date of Birth:

Please give name and address of MOTHER:

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Date of Birth:

Please give name and address of GUARDIAN OR
FRIEND PARTICULARLY INTERESTED:

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Relationship:

Plases give name and date of birth of BROTHERS AND SISTERS:

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Are you single or married?

Do you have children?

Please give names and dates of birth:

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Do you have a particular religious practice or persuasion?

If so, which?

2. DEVELOPMENT

Have your special needs or disabilities been present from birth? Do you know anything about there cause?

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3. PRESENT CAPACITIES

Do you have any long term physical disabilities?

Do you have any difficulty with bladder or bowels?

Do you need help with washing and dressing?

Do you have difficulties in comprehension (understanding) or speech?

Can you read: can you write?

How do you manage money?

Do you have any special dietary requirements?

If you are ill or in pain, can you usually describe what you are feeling?

Can you cross the road alone?

Can you walk alone around your home area?

Can you travel by bus nearby?

Can you travel further away by transport?

4. EDUCATION AND TRAINNING

What schools did you attend? (Please give names of schools, type of school and dates attended)

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What training or education centres (if any) have you attended since the age of 16? (Please state name, address and approximate period of attendance)

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Have you had training in any specific area of work? (Please give details of training and any qualifications gained)

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What are you doing at present: what is your living situation? Are you working, if so, where?

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Have you ever been employed? – was it paid or not? (If so, please give details)

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5. SOCIAL AND MEDICAL HISTORY

What are your hobbies, leisure time activities?

Do you have outbursts of temper or violence?

Can you say what you do if you get angry or upset?

Do you tend to wander away?

Do you have convulsions?

Are you subject to any mental health problems?

Are you taking long term medication?

Have you had any difficulty with alcohol, drugs or sexual matters?

Have you had any treatment in a general or Psychiatric Hospital? (If so, where and for how long?)

Have you ever been before a court? Can you tell us what happened?

Have you been in other institutions?

Please write anything else you would like us to know about you. Perhaps you could answer some of these questions:

- Why would you like to live in Camphill?
- What are the things you do best?
- What do you like doing best?
- What would you like to do in Camphill?
- What sort of things do you do in your free time?
- Do you like to be with others – or alone?
- What would you like to achieve in Camphill: do you have an idea what you would like to do, or for the future – what you think you might do?
- How do you get on with children?

Please continue to the next page to complete your answers, then sign and date it.

Please take the attached medical form to your G.P. and ask him or her to complete it.

You may, later, be asked to attend an interview with our own Medical Advisor.

Signature of applicant:

Date:

The following questions should be filled in by a qualified medical practitioner. Please give the fullest information possible.

In what capacity have you attended the applicant and for how long?

Type of disability (diagnosis)

When the disability or mental health problem first observed was: Can any cause for it be assigned?

Is he/she improving or deteriorating?

What illness, injuries or surgery has he/she had?

Is he/she suffering from any convulsive disorder, physical disability or allergy?

Are there any gross hearing or visual defects?

Is the applicant under care of any hospital specialist? (If so, please give details)

Is he/she quiet, restless, excitable, violent, dangerous or addicted to alcohol or drugs?

Has he/she been treated in a psychiatric hospital? (If so, please give details and dates)

Is the applicant in need of continuous treatment, such as: psychotropic medication, anti-convulsants, tranquillizers, hormones etc? (If so, please details including dosage)

Is he/she in close need of medical supervision?

What is his/her present state of health?

Other details of mental state not covered by the above:

Is he/she capable of light, medium or heavy work?

Is he/she accident-prone or should special hazards be avoided, such as working near water, heat, heights, animals etc?

Is there anything in the family history or circumstances that would be helpful for us to know?

Please continue on another sheet if necessary

Date:

Signature:

Qualifications:

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Address:

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In order to help us monitor the effectiveness of our Equal Opportunities policy (and for no other reason) all applicants are asked to provide the information requested. This information is confidential and does not form part of your application and will not be taken into account when making our final decision.

Please indicate your ethnic origin (tick as appropriate)	
White	
British	Any other white background
European	please state which country you originate
Mixed	
White & Black Caribbean	
White & Black African	
White & Asian	
Any other mixed background	
Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	
Black or Black British	
Caribbean	
African	
Any other Black background	
Chinese or other Ethnic Group	
Chinese	
Other	