



**THE LANTERN COMMUNITY**

*"living, learning and working together"*

Folly Farm Lane  
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**LANTERN WORKSHOPS**  
**DAY OPPORTUNITIES**  
**APPLICATION FORM**

TODAY'S DATE:	
NAME:	
DATE OF BIRTH:	
HOME ADDRESS:	
HOME TELEPHONE:	
MOBILE TELEPHONE:	
NAME /NUMBER OF EMERGENCY CONTACT:	
NAME OF LOCAL AUTHORITY:	
NAME OF SOCIAL WORKER:	
CONTACT DETAILS:	
MAIN CONTACT PERSON/S :	
CONTACT DETAILS:	

PLEASE GIVE A BRIEF HISTORY OF YOUR DAY SERVICE EXPERIENCE:	
WHY DO YOU WANT TO COME TO THE LANTERN WORKSHOPS?	
WHICH WORKSHOPS ARE YOU MOST INTERESTED IN?	
ARE THERE ANY IMPORTANT THINGS WE SHOULD BE AWARE OF IN RELATION TO YOUR SUPPORT AND CARE NEEDS?	
PLEASE TELL US ABOUT WHAT YOU MAY NEED SUPPORT WITH DURING THE DAY?	

Please include a copy of your **current support plan/care plan and risk assessment** with your application. Please send your completed application form and the requested documents to:

Emma Borbely  
The Lantern Workshops  
Folly Farm Lane  
Ringwood  
Hants BH24 2NN