

 **PARTICIPANT APPLICATION FORM**

**PARTICIPANT DETAILS**

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
|  |  |
| POST CODE |  | DATE OF BIRTH |  |
| NI NUMBER |  | AGE |  |

|  |  |
| --- | --- |
| HOME PHONE NUMBER |  |
| MOBILE NUMBER |  |
| EMAIL ADDRESS |  |
| Do you use social media?  |  YES NO |
| Tell us the best way to contact you |  |

**NEXT OF KIN DETAILS**

|  |  |
| --- | --- |
| NAME (next of kin) |  |
| RELATIONSHIP (to applicant) |  |
| ADDRESS OF KIN (if different from applicants) |  |
| POST CODE |  |
| EMAIL (next of kin) |  |
| EMERGENCY PHONE NUMBERS (e.g. home/mobile) | 1) | 2) |
| Tell us the best way to contact you |  |

**PLEASE PROVIDE DETAILS FOR 2 PEOPLE WHO WOULD BE AVAILABLE TO CONTACT IN AN EMERGENCY SITUATION**

|  |  |
| --- | --- |
| **Emergency Contact 1** | **Emergency contact 2** |
| **Name** |  | **Name** |  |
| **Relationship** |  | **Relationship** |  |
| **Home phone number** |  | **Home phone number** |  |
| **Mobile Number** |  | **Mobile Number** |  |
| **Work Number** |  | **Work Number** |  |

**Referrer details (e.g. social worker)**

|  |  |
| --- | --- |
| Referrers name and job title |  |
| Contact number |  |
| Email address |  |
| Business address |  |

**Other professionals who know you (E.g. Social worker, Psychologist, previous manager etc.)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Job title** | **Address and phone number** |
|  |  |  |
|  |  |  |
|  |  |  |

Please note we may contact these people for more information.

**ADDITIONAL INFORMATION**

**Please tell us if you need any support with the following.**

|  |
| --- |
| **LIVING SKILLS** (e.g. personal care, managing money, planning ahead) Please note that we do not provide personal care at Orchardville |
|  |
|  |
|  |
|  |
| **COMMUNICATION SKILLS** (e.g. speaking, listening, reading/writing/ following instruction) |
|  |
|  |
|  |
|  |
| **SOCIAL SKILLS** (e.g. coping with new situations, making friends, working in a team) |
|  |
|  |
|  |
|  |
| **DO YOU HAVE ANY SENSORY LIKES/ DISLIKES?** (e.g. loud noises, smells, light) |
|  |
|  |
|  |
|  |
| **MOBILITY** (e.g walking aids, balance, endurance) |
|  |
|  |
|  |
|  |
|  |

**MEDICATION**

|  |  |
| --- | --- |
| **Do you take any medication?** | Please circle - Yes / No |
| If you circled ‘yes’ can you tell us what the medication is, what it’s for and if you can take it yourself |
|  |
|  |
|  |
|  |

**#**

**DISABILITY INFORMATION**

|  |  |  |
| --- | --- | --- |
| Do you have a diagnosis of;  | **Tick Yes** | **Tick No** |
| Learning Disability |  |  |
| Autism |  |  |
| Both – Autism and a learning disability |  |  |
| Neither – please give more details |  |  |

**Education - Please tick your highest level of qualification**

|  |  |
| --- | --- |
| **Level** | **Please tick one only – your highest level** |
| No Educational Attainment – No Education (formal of home schooling) |  |
| Foundation / Key stage 1 or 2 – entry level diplomas, certificates and awards, essential skills at entry level |  |
| Key stage 3 - GCSE D-G or Level 1 awards/certificates/diplomas |  |
| Key stage 4 - GCSE A\*- C or Level 2 awards/certificates/diplomas, NVQ level 2, Essential Skills level 2 |  |
| Key stage 5 - A Level or AS Level pass, NVQ level 3, BTEC awards/certificates/diplomas |  |
| Studying towards Masters / Post Grad Diploma or Cert – Post Graduate Certificate in Education, postgraduate diplomas, certificates and awards |  |
| Bachelor/Foundation degree/ NVQ4/ NVQ5/ HND – HNDs, NVQ’s level 4 & 5, Foundation Degree, Bachelor’s degree, Professional Graduate Certificate in Education, Diploma of Higher Education (DipHE) |  |
| Master’s Degree/ Doctorate - masters Degree, Doctoral Degree, BTEC Advanced professional diplomas, certificates and awards |  |

**CURRENT ACTIVITIES**:

TELL US ABOUT YOUR CURRENT WEEKLY SCHEDULE (Do you attend any other services such as day centre or respite?)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Weds | Thurs | Fri |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

**How did you hear about us?**

|  |
| --- |
|  |

**Please tell us about anything else you think we should know.**

|  |
| --- |
|  |

**Privacy statements**

**Orchardville**

The information you give us in this application form and information that we subsequently collect from you will be kept secure on our server and in locked filing cabinets. In addition we use an online database, hosted on secure servers with RackSpace. We take the security and storage of your personal data very seriously and take every precaution to ensure it is safe with us. By signing this application, you are agreeing to us storing your data and using it in this way.

We will only use the details you provide us and the information we subsequently collect from you for the legitimate purposes of Orchardville, to get to know you and to provide you with the right service.

We only collect the information that is necessary for us to:

* register you onto the service
* keep in contact with you, your family and or support team.
* provide you with relevant services and appropriate support.

We are required to share your details with our funders as part of our contract with them. We will, however, never share your details unnecessarily.

We are required to retain participant files for 13 years. This is for audit purposes. Even if you decide to leave the organisation we are still required to hold on to your information. Once the retention period of 13 years is over we will destroy the documentation.

We will never sell your details or use them in any way that you would not reasonably expect. We will, for example send you letters, emails, texts or calls to the addresses and numbers you have given us which directly relate to things we think you need to know about your service or Orchardville but you will not receive marketing or other information from any third party.

Individuals have a right under data protection legislation to request a copy of the information we hold on computer and in some manual filing systems. This is known as the right of subject access.

Applicants Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer/Referrer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**PHOTOGRAPHIC CONSENT**

|  |
| --- |
| Orchardville regularly uses photographs or videos of our service users for publicity purposes in annual reports, leaflets, magazines, on social media (such as Facebook and Twitter) or on our website.We do this to show other people what it is like to come to Orchardville and also to celebrate the many sucesses of our service users.We will not use your photograph or media image unless you tell us it’s okay - WE NEED YOUR PERMISSION. Please tell us below if you do or do not give us permission. |

|  |  |
| --- | --- |
| Please tick YES or NO to tell us if we can use your photograph | **Tick**  |
| **YES – you can use my photo** |  |
| **NO – you cannot use my photo** |  |

|  |
| --- |
| NB - We will check that you are still happy/unhappy for us to use your photo at your annual review each year. You may, however, change your mind at any time simply by informing either your key worker or Louise Macrory - louise.macrory@orchardville.com. |

**ORCHARDVILLE RISK ASSESSMENT INFORMATION**

**SECTION A**

**NAME: DOB: DATE COMPLETED:**

In order to provide the correct service and support Orchardville staff are required to identify potential risk factors in order to put in place a risk management plan. Please tick yes or no to the following risks factors providing as much detail as possible in section B.

Has the above person experienced any challenges within the following areas over the last 5 years?

|  |  |  |
| --- | --- | --- |
| **RISK FACTORS** | **YES** | **NO** |
| Verbal aggression |  |  |
| Physical Aggression |  |  |
| Sexually Inappropriate |  |  |
| Criminal Conviction/cautions  |  |  |
| Self Injurious Behaviour |  |  |
| History of Theft |  |  |
| Adult Safeguarding Concerns |  |  |
| Epilepsy |  |  |
| Diabetes |  |  |
| Heart Conditions |  |  |
| Respiratory conditions |  |  |
| Mobility |  |  |
| Mental Health (anxiety, phobias, OCD, depression etc) |  |  |
| Allergies |  |  |
| Other (please specify eg specific health diagnosis) |  |  |

**SECTION B:**

If you have ticked **YES** to **ANY** of the above please provide detailed information.

|  |  |
| --- | --- |
| **Risk Factor** | **Information: Please include how often incidents occur, circumstances, triggers, management of behaviour, medication taken etc.** |
|  |  |

If a previous risk assessment has been carried out please attach a copy along with any other information which is relevant e.g. epilepsy management plan, Psychology or Occupational Therapist reports etc. It may be necessary to contact other professionals for more information, their details should be included on the application form.

**SIGNED Date:**

**Relationship to Service User:**

**Please return this application pack to:**

**referrals@orchardville.com**

**or post to:**

**BELFAST APPLICATIONS**

Orchardville

Lagan Village Tower

144-152 Ravenhill Road

Belfast

BT6 8E