



Day Opportunities Application Form

Name of Applicant: _____

Date of Birth		National Insurance No	
Gender	Religion	Ethnicity	
Proposed Start Date	Date of Application		

Please tick days of the week required	Monday	Tuesday	Wednesday	Thursday	Friday
Are you flexible in your choice of dates? (Please tick as appropriate)				Yes?	No?

Parent/Guardian	
Name	
Address	
Postcode	
Telephone	Mobile
Email	

Current Setting		Current Respite or Care Provision	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	
Contact Name		Contact Name	
Type of Provision		Type of Provision	

Health Services Contact		Social Services Contact	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	

About You

Diagnosis	
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About You

	Any impairment (Please state)	How this impacts on your life
Vision		

About You

	Any impairment (Please state)	How this impacts on your life
Hearing		

About You

	Any Difficulties	Methods (verbal, signs, gestures etc)	How this impacts on your life
Communication			

About You

	Any Difficulties	How this impacts on others' lives	How this impacts on your life
Behaviour Difficulties			

	Any Difficulties	How this impacts on your life
Physical		

Physical	Wheelchair Dependent		Able to Weight Bear
	Wheelchair User		Ambulant

Any specialist equipment used or required e.g. hoists, sleep systems, standing frames

Outline of difficulties		How this impacts on your life	
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Any Additional Difficulties (Epilepsy, Health needs.)			
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About You

Anything else you feel we need to know (e.g. likes, dislikes, hobbies etc)

Why do you want to come to CCL

What kind of things would you like to do at CCL (Leisure)

What help do you think you will need when at CCL

Mental Capacity Act

Has your legal capacity to make big decisions e.g. whether to apply to Condover College Ltd been assessed? If so by whom and what was the outcome?

Have you made any advance decisions regarding your medical treatment and your health or has any legally appointed representative made them for you? If so what are they and who made them?

Transport		
Would you require transport to and from to be provided by CCL? (Please tick)	Yes?	No?
Is an escort required for travelling in a vehicle?	Yes?	No?
<p>I have completed this form in consultation with the applicant and in their best interest. I confirm that it is in their best interest to apply for a place at Condover College. I hereby consent to CCL obtaining information in relation to this application for a placement.</p>		
Signed _____ Dated _____		
Name _____ Relationship to Applicant _____		

Condover College Ltd - a Registered Society under the Co-operative and Community Benefit Societies Act 2014
 A charity exempt from registration Reg No 29768R

Please send completed Application Form to: admissions@condovercl.org.uk