



24 Hour Respite 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	Saturday	Sunday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian							
Name							
Address							
Postcode							
Telephone				Mobile			
Email							
Current Respite or Care Provision							
Name							
Address							
Postcode							
Telephone							
Email							
Contact Name							
Type of Provision							
Health Services Contact				Social Services Contact			
Name				Name			
Address				Address			
Postcode				Postcode			
Telephone				Telephone			
Email				Email			

About You

Diagnosis

Vision

Hearing

Communication

Any impairment (Please state)

How this impacts on your life

Any impairment (Please state)

How this impacts on your life

Any Difficulties

Methods (verbal, signs, gestures etc)

How this impacts on your life

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



About You

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



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? <input type="checkbox"/>	No? <input type="checkbox"/>
Is an escort required for travelling in a vehicle?	Yes? <input type="checkbox"/>	No? <input type="checkbox"/>

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.

Signed _____ Dated _____

Name _____ Relationship to Applicant _____

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