SELF ASSESSMENT APPLICATION FORM

Please complete this application as fully as possible.

Name: ……. Male / Female

Present or last address:
…….....

……
…

…….. Postcode:
……

Date of Birth: ……. NI Number:
…….

Previous addresses in last 5 years:
……

……
…

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…

……
…

……
…

Someone to contact for emergencies:

Name: …… Tel No:
……

Address:

……...

……

Relationship: ……....

What is your current housing situation and reason for wanting to move? If you are homeless please state reason.

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…

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…

……
…

What do you hope to gain whilst living at this project?

……
…

……
…

……
…

Do you have a Social Worker? YES / NO

Name: …… Tel No:
……..

Address:
……...

……
…

……
…

May we contact the above person for further information if necessary? YES / NO

Is there anyone else involved in your care such as a CPN or Learning Disabilities Nurse?

Name: …… Tel No:
……..

Address:
……...

……
…

……
…

May we contact the above person for further information if necessary? YES / NO

What makes you angry or frustrated?

……
…

……
…

How do you cope when you are angry or frustrated?

……
…

……
…

Have you been a victim of violence or abuse?

……..……
….

……
…

Have you ever been violent? If yes, give details.

……
…

……
…

Do you want help with:		
	YES	**NO**
Accessing the Community		
Managing Money		
Housing		

Shopping		
Safety		
Cooking		
Health		
Laundry		
Training/Education		
Language		
Employment		
Immigration Status		
Relationships		
Other (please state) **……**		

Do you use/have you used drugs? YES / NO

If yes, what help are you receiving/have you received?

……

……

If you have not yet received help is this something you are willing to engage with?

…….....

……

Are you/have you been dependent on alcohol? YES / NO

If yes, what help are you receiving/have you received?

……

……

If you have not yet received help is this something you are willing to engage with?

……..
.....

……
…..

Do you have a physical disability? **YES / NO**

If yes, would you require any special facilities?

……

……

Have you any conviction for violence? **YES / NO**

If yes, please give details.

……

……

Have you any conviction for offences against children? **YES / NO**

If yes, please give details.

……

……

Have you any conviction for theft or arson **YES / NO**

If yes, please give details.

……

……

Please state your diagnosis:

……

Please list current medications:

……

……

Please select which level of support to help you self-medicate is most appropriate for you?

1. Complete independence ☐
2. A check once a week to ensure all medication has been taken correctly ☐
3. A check once a day to ensure all medication has been taken correctly ☐
4. A check following each medication time to ensure medication has been taken correctly ☐
5. Prompting and supervision every time your medication is due ☐

Are you able to order and collect medication independently? YES / NO

Have you ever had any accidental or intentional overdoses? YES / NO

If yes, please give details

……..

Have you, or anyone involved in your care/support had concerns regarding you taking your medication?

YES / NO

If yes, please give details

……..

Please state anything else you would like to add:

……

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……

DECLARATION (To be signed by All Applicants)

'The facts I have put down on this form are true and complete. I will inform 2 Care at once if the facts change so my application can be kept up to date.'

Please sign here: …….. Date: ……

Details of an individual who will confirm the accuracy of the application:

Name: ……. Tel No: ……..

Address: ……...

……

For Office Use

Member of Staff dealing with application:

……
……

Interview/visit arranged YES / NO Date:
……

If no, reason
…….

……
……

2 Care UK Ltd
Supporting People in the heart of the Community

SUPPLEMENTARY INFORMATION ON EQUAL OPPORTUNITIES IN ACCESS TO OUR SERVICE

We our committed to Equal Opportunities in the provision of our service and, as part of this policy, all applicants are asked to complete the details below. The information it contains will not be used in deciding whether or not to offer you a place at 2 Care. We aim to ensure no potential Service User or those already living at 2 Care receive less favourable treatment on the grounds of race, colour, nationality, ethnic or cultural origins, sexual orientation or age.

This sheet will be separated from your application and only used to monitor our Equal Opportunities Policy.

Please help us to achieve our aim by answering the following questions.

Date of application .....

How would you describe your ethnic origin (tick as appropriate):

1.		White	6.		Pakistani
2.		Black-Caribbean	7.		Bangladeshi
3.		Black-African	8.		Chinese
4.		Black-Indian	9.		Any other Ethnic Group
5.		Indian			

My sex is (tick as appropriate):

	Male		Female

Are you disabled (tick as appropriate):

	Yes		No

Any complaints that applications have not been fairly considered on the grounds of race, colour, nationality, ethnic or cultural origins disability, gender, sexual orientation or age should be made in writing to the Managing Director.