



Services to People – Social Services

Application Form

Day Placement for Adult Day Services

The access to Personal files Act 1987, obliges Social Services to make information, recorded after 1st April 1989 accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the Service will assume that it can be disclosed without further reference to the source, unless the information contains a clear indication to the contrary.

CLACKMANNANSHIRE COUNCIL

APPLICATION FOR DAY SERVICE

Type of Service Applied For:-
(tick more than one if applicable)

Whins Resource Centre Bathing Service Whins Resource Centre

Retirement Group Whins Resource Centre

ALLOA Centre

Supported Employment Service
(In partnership with European Social Fund)

PERSONAL INFORMATION			
Name of Applicant:		Date of Birth:	
Address:		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Post Code:			
Tel. No.			

EDUCATION (School Leavers only)			
Name of School:		Address:	
Tel. No.			
Contact:			

ADDITIONAL INFORMATION REQUIRED (to progress with application)

School Leavers Only

School Report	Attached	<input type="checkbox"/>
Section 13 Report	Attached	<input type="checkbox"/>
Psychologist Report	Attached	<input type="checkbox"/>
Any other relevant report	Attached	<input type="checkbox"/>

REASON FOR APPLICATION:

TRANSPORT REQUIREMENTS

Independent

Centre Transport

Combination

TRANSPORT INFORMATION

Is the applicant a wheelchair user?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the applicant able to transfer on to a bus or car seat.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
With/without assistance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is Equipment required for transfer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, Please Specify below

ADDITIONAL INFORMATION

**EXPECTATIONS OF THE APPLICANT
AND/OR REFERRER:**

CARER / PARENT / SIGNIFICANT OTHER'S EXPECTATIONS:

COMMUNICATION SUPPORT :*(specify support including any specialists equipment)*

PERSONAL HEALTH MEDICATION INFORMATION:

Diagnosis/Medical Condition

Does Applicant Suffer from any of the Following?

Epilepsy

YES NO

Heart Disease

YES NO

Diabetes

YES NO

Allergies

YES NO

If **YES** please give details:

MEDICATION

Does Applicant take any Medication?

YES NO

Is assistance required with medication?

YES NO

If **YES** please give details:

DIETARY REQUIREMENTS

Are there any special dietary requirements

YES NO

If **YES** please give details:

Is assistance required with eating?

YES NO

If **YES** please give details:

N.B. Community Care Assessment to be attached to all applications

REFERRER INFORMATION			
Name:		Tel. No.:	
Address:		Fax No.:	
		E-Mail:	
Post Code			
Designation			

Signature of Applicant: _____ **Date:** _____

(If Applicant unable to sign)

Signature of Designated Person: _____ **Date:** _____

Signature of Referrer: _____ **Date:** _____

Equal Opportunities Policy Statement

Clackmannanshire Council believes that equality of opportunity should be a guiding principle in all of its activities. The Council is actively working towards the elimination of Policies and Practices which discriminate. It is opposed to any form of discriminatory practices on grounds including:

- Gender, marital status, religious belief, disability, race, ethnic origin, colour, nationality, political belief, sexual orientation, socio-economic status and age.

We are actively working towards the elimination of all discriminatory practices and will develop training and monitoring strategies to ensure that the Policy is embedded in all Council services.

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