




North East Community Workshop
APPLICATION / REFERRAL FORM



Name of person applying for placement:	
Address: Post Code:	Tel. No:
	Mob. No.
	Email address:
D.O.B	CareFirst ID.
Name of next of kin:	
Address: Postcode:	Tel. No. Emergency contact No.
	Mobile Number:
	Email address:
Relationship to person being referred:	

Details of current medical condition(s):

What should be done if you fall ill:

List of Medication:

Name of G.P.

Tel. No.

Post Code:

Email address:

Nature of your disability:

Present Difficulties:

Reason for applying for placement at the workshop:

In order to create a happy workplace and to help make sure that everyone gets on well with each other, we need to know some very personal things about you.

1. What kind of things could make you angry?

2. What you do when you are angry?

3. How can we help you to calm down?

If there have been any verbal/physical behaviour difficulties in the past, we require you to give us as much details as possible before we decide on whether we can offer you a placement, or not, and, if we can offer you a placement, which day(s)/times would be best for you to attend?

Mon: 9.30am – 12.30pm

Mon 12.30pm – 3.30pm

Tues: 9.30am – 12.30pm

Tues: 12.30pm – 3.30pm

Wed: 9.30am – 12.30pm

Wed: 12.30pm – 3.30pm

Thurs: 9.30am – 12.30pm

Thurs: 12.30pm – 3.30pm

Fri: 9.30am – 12.30pm

Fri: 12.30pm – 3.30pm

Applicant's Name: **Date:**

Applicant's Signature:

Signature of next of kin / guardian / representative:

..... **Date**