

Application Form



Please get someone who knows you well to help you to complete this form. (Support Worker, Social Worker, Parent/Guardian). If this form is incomplete/unsigned it could delay your start with us at Bright Lives.

Name		Address	
Date of Birth			
Telephone			
Prime contact Email Address:		Prime contact name:	
Relationship to applicant:			
Which sessions would you like to attend? Will you be attending with a carer/support worker?			
What support will you require from the staff at Bright Lives?			

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Do you take any medication?
If you were unwell at Bright Lives we would need to know this to be able to help you feel better.

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Will you require any medication while at Bright Lives? If so what support will you require with this?
Medication should not be brought to our activities without prior agreement and discussion with management. Any medication brought into Bright Lives will require labelling with clients Name, DOB, Medication Name, Date, Time and Dosage instructions.

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Do you have any allergies?

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Do you have any medical conditions? (epilepsy/heart condition/diabetes) If so please give details on how this condition is managed and what our staff would need to do if you were unwell in our centre. For epileptics attending centre without their own support staff we will require JEC plan/management plan.

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Do you have any dietary requirements?

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Do you ever behave in a way which poses risk of harm to yourself or others?

Please provide details of behaviours/triggers/management strategies for our risk assessment.

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Is there anything else we might need to know about you before you come into our centre?

Emergency Contact/s:

If you were to have an accident or become unwell at Bright Lives who should we call?

Name		Telephone	
		Home	
Relationship		Mobile	
		Work	

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Please sign below to confirm that all details supplied are true and correct to the best of your knowledge.

Signed	
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Print	
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Position	
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Date	
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Unsigned forms will not be accepted by Bright Lives staff and could slow down your attendance.