

Padley Head Office
 Padley Development Centre
 68 Rutland Street
 Derby
 DE23 8PR
 Tel/Fax 01332 774480
admin@padleygroup.com



APPLICATION TO BE A CLIENT AT THE PADLEY DEVELOPMENT CENTRE

Please fill in as much information as possible and return:

Name	Supporting Organization
Date Of Birth	Contact Position
Disability	Contact Name
Address	Address
Telephone Number	Telephone Number
Email	Email
Next of Kin	Source of Referral: Social Services
Telephone Number	C.M.H.T L.D.T Other (specify):
Email	Doctor:

Please be aware that if this information is not supplied we may be unable to process the application.

- **Copy of applicant's Support Plan – please attach**
- **Risk Assessments:**

Ethnic Origin**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Other

Black or Black British

Caribbean

African

Other

White

British

Irish

Other European

Other Non-European

Dual Heritage

Black or Black British

White or Black Caribbean

White or Black African

White or Black Asian

Mixed Other

What subjects are you most interested in? (see leaflet)

Have you gained any certificates for the things you have achieved?

What activities/events/things do you enjoy doing?

What are you doing now?

Interests:

Work:

What would you like to do in the future?

How do you feel the Centre will benefit you or why would you like to attend the Centre?

Where did you find out about the Centre?

INFORMATION REQUIRED FOR ASSESSMENT

1) How will you get to the Centre?

2) Would you require while at Padley?

Support

No Support

If support is required please give more information:

PLEASE BE AWARE WE **DO NOT** PROVIDE 1:1 SUPPORT OR PERSONAL CARE

3) If you felt you needed to leave the Centre for any reason, for example illness, are you responsible enough to take that decision and would you be able to leave the Centre and return home independently.

4) Do you need assistance with any of the following:

Language Needs

Basic Skills Needs

Physical support needs

Dietary

Social behavioural needs

Medical/Medication

Please provide further details regarding the supporting information here:

5) Further information you believe we should have: This includes details of any **criminal convictions**.

6) Details required for compliance with the Centre's '**Vulnerable Adults Policy and Procedures**'

Please be aware that if this information is not supplied we may be unable to process the application.

- a) Are there any concerns or behaviours which Padley Development Centre staff need to be aware of?
- b) Briefly explain the nature of any disability the applicant has?
- c) Has the applicant presented behaviours which could be of concern? Please explain.
- d) Should PDC staff be aware of any particular triggers or targets for the above behaviours?
- e) Does the applicant show any challenging behaviours at any time? Please describe.
- f) Does the applicant suffer from any illnesses? (please specify all)

Please specify if you have a:

Heart Condition Epilepsy Diabetes Asthma Blood Disorder

Medication you need to take and regularity:

g) Does the applicant carry medication with them?

h) Any other information which you believe we may need to know regarding the applicant and their well-being if offered a place at the Padley Development Centre?

7) Please state which days/times you wish to attend the Padley Centre and the preferred subject area. (see leaflet)

DAY	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Please state your current weekly timetable of attendance at other Centres/activities.

Day/Time	AM	PM	Activity	Place of Activity
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

8) Details of Social worker or CPN

Name: _____

Position: _____

Address: _____

Contact details: phone _____

Emergency contact details/arrangements:

NB. If the client does not have the capacity to make their own decisions the SOCIAL WORKER must sign all forms

Name of person supplying above information: _____

I have the authority to make decisions for this person Yes / No

Relationship to client: _____

Signature: _____

Date: _____

I have read and understood all the entry requirements and guidelines in order for me to become a client at your centre and have the capacity to make my own decisions.

Signature Support signature

Relationship to client

Entry Requirements for clients

- All clients must be over the age of 18.
- All clients must be able to attend to their own personal needs, (e.g. toilet, eating etc.)
- If 1:1 support is required the client must be accompanied by a support worker.

Guidelines for clients

- Each new client will be on an initial assessment period of one month.
- Clients will be expected to adhere to session times. (as stipulated in the agreement)
- The centre operates an open door policy. We are not responsible for a client before 9am or after 3pm, and for any time spent out of the centre between these times i.e. break and lunch times.
- If a client is unable to attend please phone before 9.00am.
- All clients will be expected to behave in a reasonable manner.
- Any client using or in possession of alcohol or illegal substances will be required to leave the Centre
- Unreasonable behaviour will result in suspension and possible termination of the clients place.
- Client development will be reviewed on a 6 monthly basis.