

CMSS
Skills Development Centre
Wiltshire Lane, Northwood Hills, Pinner, Middlesex,
HA5 2NB
Tel 020 8866 3711 Fax 020 84294849

www.skillsdevelopmentcentre.org.uk

Application form for Assessment & Placement

Name _____

Address _____

_____ Postcode _____

Telephone _____ Date of birth _____

Age _____ Sex _____

Have you visited the Skills Development Centre? If so, when was this? _____

Carer's name _____

Address (if different from above) _____

Next of kin _____

Name of Social Worker _____

Address _____

Telephone _____

How are you planning to fund your placement? (for example through your Social Worker or Direct Payments etc) _____

Placement with the Skills Development Centre

What would you like the Skills Development Centre to offer you?

Have you attended any courses, gained qualifications etc?

Are you employed or have you worked in the past? Please give details of any paid employment, work experience and or voluntary work.

Do you access the community for any social activities and/or do you attend any clubs?

Do you access holidays independently, if not, would you like to do so? (with support from the skills development centre)

Assessment Sessions

Please circle at least 6 areas of interest below. Please note that it is impossible to list all the activities on offer. The areas below are there to give you an indication of the type of activity you choose to be assessed in. If you have a special interest that is not listed, make sure you write it down in this section. We will then do our very best to accommodate you with your interest.

<u>Social</u>	<u>Independent Living</u>	<u>Life Long Learning</u>
Recreational Cooking	Travel Training	Basic Education
Accessing the local community	Shopping in the community	Internet & Email
Gym/Swimming	Employment Consultancy/Support	NVQ course
Sexual Awareness	Mobility Program	Going to College
Art/ Construction	Cooking Main Meals	British Sign Language
Drama at the Compass Theatre	Domestic Skills	Organic Gardening in the community
Music	Self Advocacy	Journalism

Please write down below any other ideas of topics you would like to be assessed in. _____

Do you have a person centred plan yes no

Would you like a Keyworker if you were offered a placement at the Skills Development Centre? yes no

Disability Information

Please note that this information is to ensure that we can meet your needs.

What is your disability called? _____

Physical disability	yes	no
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Comments _____

Do you use a wheelchair	yes	no
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Comments _____

Learning Difficulties	yes	no
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Comments _____

Are you Deaf?	yes	no
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Do you use Makaton?	yes	no
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Do you use BSL ¹ ?	yes	no
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Have you got any communication difficulties?		
	yes	no

Do you use any communication aids (for example pathfinder or Bliss board)?	yes	no
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Comments _____

Do you require support with personal care?		
	yes	no

If yes, please explain what support you need _____

Are you registered with Dial A Ride?		
	yes	no

¹ BSL means British Sign Language

Are you on medication to control your seizures? yes no

If yes, please list your medication and directions for usage _____

Have you been prescribed rectal Diazepam? yes no

Diabetes yes no

Are you on medication to control your diabetes? Please give directions _____

Is your diabetes controlled through your diet? If so, please provide relevant information. (use extra page attached to the back of this form) _____

Asthma yes no

Are you on any medication for your asthma? Please give full details _____

Other medical conditions yes no

If yes, please give full details _____
