

**HORTICAP PLACEMENT APPLICATION FORM**

***PLEASE COMPLETE USING BLOCK CAPITALS***

NAME .....DATE OF BIRTH .....

ADDRESS .....

.....

..... POSTCODE .....

EMAIL ADDRESS .....

TELEPHONE NUMBER ..... MOBILE NO. ....

EMERGENCY CONTACT TELEPHONE NUMBER .....

DATE OF LAST TETANUS VACCINATION .....

(up to date vaccination required before attendance begins)

NAME OF PERSON MAKING REFERRAL .....

FUNDING ARRANGEMENTS (i.e. Direct Payments/Individual Service Contract)

Please contact us by emailing [info@horticap.org](mailto:info@horticap.org) to find out what our current charges are.

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CHOICE OF DAYS and NUMBER OF DAYS APPLIED FOR

.....

PLEASE COMPLETE THE FOLLOWING SECTIONS AS FULLY AS POSSIBLE:

REASON FOR REFERRAL .....

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CAN YOU WORK IN A GROUP? .....

DO YOU REQUIRE ANY ASSISTANCE WITH ROUTINE FUNCTIONS E.G. MOBILITY, GOING TO THE TOILET ETC.?

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PLEASE GIVE DETAILS OF TRANSPORT ARRANGEMENTS FOR ATTENDANCE

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RISK ASSESSMENT:

PLEASE SUPPLY ANY INFORMATION WHICH COULD FORESEEABLY CAUSE A RISK TO YOURSELF OR OTHERS:

MEDICATION  
SIEZURES  
ALLERGIES  
FEARS/PHOBIAS  
DISLIKES  
MOOD SWINGS  
ETC.

Declaration

I have read the document "Student Handbook".

I agree to my photo appearing in local publications and various publicity materials as appropriate, including Horticap's website and facebook page.

The form has been completed in full and to the best of my knowledge.

Name ..... Signed .....

Date .....

Completed form to be returned to: Horticap, Bluecoat Wood Nurseries, Otley Road, Harrogate, HG3 1QL. Or emailed to [info@horticap.org](mailto:info@horticap.org)

HORTICAP

**STUDENT**

Name ..... Date of Birth .....

Address .....

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Telephone No. .... Mobile No .....

Email address .....

**CARER/PARENT**

Name .....Organisation (if applicable).....

Telephone No. .... Mobile No.....

Emergency Contact No. ....

Email address .....

**DOCTOR**

Name ..... Telephone No. ....

Address .....

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Date of last Tetanus Injection .....

**\*please note: up to date Tetanus cover is needed before commencing at Horticap\***

Present Medication .....

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Health Problems (e.g. Epilepsy) .....

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Allergies (e.g. food products, wasp/bee stings) .....

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National Insurance No. ....Shoe Size .....