

HORTICAP PLACEMENT APPLICATION FORM

PLEASE COMPLETE USING BLOCK CAPITALS

NAMEDATE 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)

Our charges are currently £43.20 per day* – Monday to Friday 9am to 4pm

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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:

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

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 ***up to date cover needed before commencing at Horticap***

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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