

## 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)

Our charges are currently £51.56 per day\* – Monday to Friday 9am to 4pm

.....

CHOICE OF DAYS and NUMBER OF DAYS APPLIED FOR

.....

PLEASE COMPLETE THE FOLLOWING SECTIONS AS FULLY AS POSSIBLE:

REASON FOR REFERRAL:

\*April 2023

Although we have retained your data on file, we are committed to protecting and respecting your privacy and your confidential information. Your details will not be passed on to any third party. Our privacy policy is set out at <https://www.horticap.org/privacy-policy/>. If you have any queries, please contact us at [info@horticap.org](mailto:info@horticap.org).

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

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

.....  
.....

PLEASE GIVE DETAILS OF TRANSPORT ARRANGEMENTS FOR ATTENDANCE

.....

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)

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# HORTICAP

## STUDENT

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

Address .....

.....

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 .....

.....

Date of last Tetanus Injection \*up to date cover needed before commencing at Horticap\*

.....

Present Medication .....

.....

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

.....

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

.....

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

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