



CAT

COMMUNITY ACCESS TEAM. APPLICATION FORM

Please fill in this form and send it back to CAT at Fairfield House. Ask your social worker to fill in their part of the form also.

Your name _____

Date of Birth _____/_____/_____

Your address _____



E-mail _____



Your telephone number _____

Mobile number _____

Which days would you wish to spend with CAT ? Please tick the days and times

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Are you able to travel to the CAT Hubs * by yourself? Yes / No
*Our Hubs are in Bonnyrigg, Dalkeith, Mayfield, Penicuik and Vogrie House (Young Persons` Project) **

If we can offer you a place, when would you like to start?

Your family or carers

Their name(s) _____

Their address _____



_____Postcode_____

Email _____



Their telephone number (home) _____

(work) _____

(mobile) _____

Their relationship to you: _____

Emergency contact

Who can we contact in an emergency?

Their name _____

Their address _____





Their telephone number (home) _____

(work) _____

(mobile) _____

Any advocate or other important person we should know about?

Your health



Please tell us about any health problems which you have and any medicines which you take.

What is the name and address of your doctor?

Their name: _____

Their address: _____



_____Postcode_____



Their telephone number _____

Any other health care staff e.g. community nurse or psychologist involved in supporting you? _____

Any other information you want to tell us about yourself? _____

Signed _____ Date _____



Your school, college or work experience

Please tell us the names of any schools or colleges you have been to and how long you were there.

From (date) To (date)

Name of school, college or centre

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us about any work experience you have had (paid or voluntary work)

From (date) To (date)

Name of employer

_____	_____	_____
_____	_____	_____
_____	_____	_____

What do you do during the day time at present? _____

What do you like to do in your free time? _____

Please ask your Social Worker to fill in this part of the form.

Application on behalf of _____ dob: _____

How long have you known the applicant? _____

Has the applicant had any criminal convictions or cautions, or any other involvement with the police?
Yes ☐ / No ☐ If yes, please give details:

Does the applicant have any history of challenging behaviour? Yes ☐ / No ☐
If yes, please give details:

Has funding been agreed for this application, including any necessary transport arrangements?

- Please check and complete any sections of the applicant's form where details are missing
Checked: Yes ☐ / No ☐
- Please attach a comprehensive assessment of need or provide other background information giving a full picture of the applicant's needs and interests. Any additional reports from other relevant agencies or professionals would be helpful.
Enclosed? Yes ☐ / No ☐
- Please complete the attached monitoring form which is required for statistical returns.
Completed: Yes ☐ / No ☐

Social Worker / Care Manager's signature: _____

Print name: _____ Date: _____

SW Authority and address: _____

_____ Tel: _____

Completed forms should be returned to: **CAT Management. Communities and Wellbeing.**
Fairfield House . 8 Lothian Road . Dalkeith . Midlothian EH22 3AA

Data Protection & Confidentiality:

The personal information provided on this form will be shared through the application process by managers and staff who will be meeting you. The information will be destroyed if you do not proceed with a placement with CAT.

If you become a service user, the information will be kept in your file in confidence and will only be used according to the aims of our services. It will only be shared appropriately within CAT or with some outside organisations such as the Health & Social Care Department or other Social Work services, in the circumstances detailed in our Confidentiality policy (*available on request from our main office at Fairfield House*). We will not pass on personal information about you to other people or organisations unless you know and agree to it. We will ask you to let us know when your address or other details change so that we can ensure that the information we hold is accurate and up-to-date. After your trial three month placement with CAT, we will ask you and your carer to read and sign the CAT Service User Written Agreement.

Could you please sign below to show that you understand and agree with the above.

Signature:

Date:

If completed on behalf of the applicant, please state your relationship to that person:

.....

Office use only

Date of starting at CAT: _____

Name of allocated Keyworker (Day service):

Date of 3-months review: _____

APPLICANT'S NAME: _____ **D.o.b.:** _____

ETHNIC ORIGIN: - In which country were you born? _____

- With which of the following categories do you most closely associate yourself, having regard to your ethnic and cultural background? *(Please tick/complete)*

BLACK:	African <input type="checkbox"/>	WHITE:	UK <input type="checkbox"/>
	Afro-Caribbean <input type="checkbox"/>		European <input type="checkbox"/>
	UK <input type="checkbox"/>		Other <input type="checkbox"/> <i>(please specify:)</i>
	Other <input type="checkbox"/> <i>(please specify:)</i>	
.....			
OTHER:	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	
	Indian <input type="checkbox"/>	Other Asian <input type="checkbox"/> <i>(please specify:)</i>	
	Pakistani <input type="checkbox"/>	
	Mixed ethnicity <input type="checkbox"/> <i>(please specify:)</i>	
	Other ethnicity <input type="checkbox"/> <i>(please specify:)</i>	

ACCOMMODATION:

TYPE:	Family home <input type="checkbox"/>	Independent tenancy <input type="checkbox"/>
	Community carers <input type="checkbox"/>	Supported Accommodation <input type="checkbox"/>
	Residential Care <input type="checkbox"/>	Other <input type="checkbox"/> :
PROVIDER:	Family <input type="checkbox"/>	Local Authority Department <input type="checkbox"/>
	Private sector <input type="checkbox"/>	Voluntary Organisation <input type="checkbox"/>
	Health Trust <input type="checkbox"/>	
		Other <input type="checkbox"/> :

- Since when have you been living at your current address? Date:

- Do you receive care at home, i.e. either home help or assistance provided by paid services (do not include unpaid care supplied by relatives or carers)? Yes ☐ / No ☐

DAY PLACEMENT:

- Please tick relevant main day activities you had just before coming to CAT:

Employment <input type="checkbox"/>	Voluntary / Private day unit <input type="checkbox"/>
Full-time Further Education <input type="checkbox"/>	Hospital Day care <input type="checkbox"/>
Part-time Education <input type="checkbox"/>	School <input type="checkbox"/>
Voluntary work <input type="checkbox"/>	No planned activity/care <input type="checkbox"/>
Work experience <input type="checkbox"/>	Other <input type="checkbox"/> : <i>(please specify)</i>
Day unit (Social Work) <input type="checkbox"/>

TRANSPORT TO PLACEMENT:

- How do you travel? Public transport ☐ Walking or cycling ☐
Social Work transport ☐ Health Trust transport ☐
(inc bus or taxi) Other ☐

Additional one-to-one support required? Yes ☐ No ☐ If yes: number of hours: