# Day Services Interest Form

Thank you for your interest in Homefield College’s Day Services.

Please fill in this form as fully as possible. You can ask someone to help you with your answers.

We use this information to see if we can meet your needs and interests.

|  |  |
| --- | --- |
| **Applicant name**: |  |

|  |  |
| --- | --- |
| Name of **person**  **completing** this form, and **relationship** to student: |  |

|  |  |
| --- | --- |
| **Number of days per week you would like to attend:** | **One  Two  Three  Four  Five** |

## Privacy Statement

Your privacy is important to us. The information you tell us is private and stored on our database. You can ask for a copy of the information we have about you at any time.

You can look at [www.homefieldcollege.ac.uk/about-us/key-documents](http://www.homefieldcollege.ac.uk/about-us/key-documents) to read the full statements. These policies tell you what we do with your information, how we store it, and how to ask for copies of your data.

## Section One: Your Personal Information

This information is about you, the prospective Day Service member.

|  |  |
| --- | --- |
| What is your **full name**? |  |
| What is your **date of birth**? |  |
| What is your **home address**? |  |

|  |  |
| --- | --- |
| Are you a **Looked After Child**, or in the care of your Local Authority? | Yes  No |

## Section Two: Your Main Contact

This information is about the main person helping you get a place at Day Services. This could be your parent, carer, guardian or professional. We need this information so that we talk with them about your place at Day Services.

|  |  |
| --- | --- |
| What is their **full name**? |  |
| What is their **relationship** to you? |  |
| What is their **home address?** |  |
| What is their **email address**? |  |
| What is their **phone number**? |  |

|  |  |
| --- | --- |
| How would they **like** **to be contacted**? | By letter  By email  By phone |

## Section Three: Your Health Conditions

This is information about you, the prospective Day Service member. We need to know about your health conditions and disabilities so that staff can see if Homefield can help you.

|  |  |
| --- | --- |
| What are your **disabilities** or **health conditions**? |  |
| *(For example, do you have a learning disability? Are you autistic? Do you have ADHD?)* |
| How do your health conditions **affect** your **learning**? |  |
| *(For example, do you find it hard to learn new skills or to concentrate? Do you need resources in a certain way to learn?)* |
| How do they **affect** your **mobility**? |  |
| *(For example, do you find it hard to walk? Can you use stairs? Do you use a wheelchair or crutches?)* |

## Section Four: Goals and Interests

This is information about you, the prospective Day Service member. This information tells us what you want to work towards in future. This helps us support you to achieve your goals.

|  |  |
| --- | --- |
| What are your **aspirations** – what would you like to **achieve** in life? |  |
| *(For example, do you want a specific job? Do you want to volunteer? Do you want to live alone or in supported living?)* |

|  |  |
| --- | --- |
| Are there any particular **sessions** you are **interested** in? |  |
| *(For example, social history, arts & crafts, gardening & building maintenance, horticulture)* |

## Section Five: Extra Information

Is there any other information you would like us to know about you? Please tell us in the box below.

|  |  |
| --- | --- |
| What would you like Homefield to know **about you?** |  |

|  |  |
| --- | --- |
| How do you **learn** about Homefield College’s Day Service provision? | School / Education Provider  Transition Event  Local Authority  Friend / Family  Social Media or Press |

|  |  |
| --- | --- |
| **Other** (please specify): |  |

**Thank you for filling in this form.**

Please return this form to our Day Service team. They will get in touch with you soon.