

The Prospects Trust at Snakehall Farm
Initial Details Form 2014

**May
2014**

Please ask your carer or Care Manager to help you fill in this form if you need support

1. About You Your Name & Address & Contact Number _____

_____ Date of Birth _____

2. Who is helping you set up your placement? Name _____

Contact Number _____ Relationship to you _____

3. What days would you like to attend at Snakehall?

Monday Tuesday Wednesday Thursday Friday

4. Do you have any allergies to food, pollen or any materials? Yes No

If yes, what allergy do you have and how severe is it?

5. Would you bring any medication with you to the farm? Yes No

If yes, what medication is it? Please be aware that Prospects Trust staff cannot administer any medication

6. Do you have a Care Manager or Social Worker? Yes No

Name of Care Manager _____ Contact Number _____

Address _____

7. If you do not have a Care Manager, who would be responsible for your placement at Snakehall Farm?

Name _____ Contact Number _____

Relationship to you _____

8. Who would pay for your placement? _____

9. Is there any specific support you need while at Snakehall Farm? Yes No

If yes, please summarise any specific needs or triggers here

10. Do you have a Personal Support Worker (or one-to-one worker)? Yes No

If yes, please provide contact details of support provider

Thank you for taking time to fill in this form, please bring with you on your first visit.