

The Prospects Trust at Snakehall Farm

# Contact Details & Information Form

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

## **ABOUT YOU**

Your Name & Address \_\_\_\_\_

\_\_\_\_\_

Your Home Number \_\_\_\_\_ Your Mobile Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ National Insurance Number \_\_\_\_\_

### **Who can we contact about day to day issues you have?**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

### **Are you happy for us to contact them about you?**

☐ Yes ☐ No

### **Who else can we contact in an emergency?**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

### **How do you get to Snakehall Farm?**

☐ Bus ☐ Taxi ☐ Volunteer Driver ☐ Support Worker ☐ Carer

Who organises your transport? \_\_\_\_\_ Who pays for your transport? \_\_\_\_\_

Please provide contact name and telephone number of your driver \_\_\_\_\_

## **ABOUT YOUR MEDICAL HISTORY**

Name and Address of your Doctor \_\_\_\_\_

\_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

Date of last Tetanus Vaccination \_\_\_\_\_

*Tetanus Boosters are recommended every 10 years, especially when working with soil. Please ask your doctor if you are unsure*

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?*

\_\_\_\_\_

Do you take any medication we should know about? \_\_\_\_\_

Do you bring any medication with you to the farm we should know about? \_\_\_\_\_

If yes, what medication is it? \_\_\_\_\_

*Please be aware that Prospects Trust staff cannot administer any medication*

## **ABOUT YOUR CARE**

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

Name of Care Manager \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_

If you do not have a Care Manager, who is responsible for your placement at Snakehall Farm?

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

When was your last Care Review? \_\_\_\_\_

Do you have a care plan or risk assessment? ☐ Yes ☐ No

*If yes, please send in a copy with this form*

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

*If yes, please summarise any specific needs or triggers here*

\_\_\_\_\_

**Do you have a Personal Support Worker (or one-to-one worker)?**

☐ Yes

☐ No

*If yes, please provide contact details of support provider*

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*The Prospects Trust can also provide Personal Support at a very reasonable cost, please ask at the office for more details.*

**Who pays for your placement?** \_\_\_\_\_

**What e-mail address do we send invoices to?** \_\_\_\_\_

### **ABOUT YOUR PLACEMENT**

What are you most looking forward to at Snakehall Farm? \_\_\_\_\_

What are you least looking forward to at Snakehall Farm? \_\_\_\_\_

**Please tell us what you do for the rest of your week:**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Thank you for taking time to fill in this form. The more information we have about you, the better your placement will be as we will be able to support you better. If you have any risk assessments, care plans or needs assessments, please bring a copy with this form.

The Prospects Trust will use the information you provide to produce a care plan for your placement, which you (or your parent/carer) are welcome to read at any time. All personal information is treated in the strictest confidence.

**It is important that you let us know if the details you have given us change, especially emergency contact details and any changes in medication that may affect your behaviour.**