



ADMISSION FORM



Admissions



**Camphill Community Mourn Grange
169 Newry Road
Kilkeel, BT34 4EX
N-Ireland**



028 4176 0128



www.mournegrange.org



admissions@mournegrange.org

This form must be filled out by someone with a relevant relationship to the applicant. Any information given will be treated as confidential.

APPLICANTS DETAILS

Applicant

Full Name:

Gender:

Medical card #:

Date of birth:

Place of birth:

Emergency contact

Name:

Address:

Telephone:

Health Trust

Name:

Social worker

Name

Address:

Telephone:

GP

Name:

Address:

Telephone:

CONTACTS

Please give details for at least 2 people

Father

Name: _____

Address: _____

Telephone(s): _____

E-Mail: _____

Mother

Name: _____

Address: _____

Telephone(s): _____

E-Mail: _____

Sibling

Name: _____

Address: _____

Telephone(s): _____

E-Mail: _____

Sibling

Name: _____

Address: _____

Telephone(s): _____

E-Mail: _____

Other (Guardian, Advocate, Relative etc)

Name: _____

Address: _____

Relationship: _____

Telephone(s): _____

E-Mail: _____

Other (Guardian, Advocate, relative etc)

Name: _____

Address: _____

Relationship: _____

Telephone(s): _____

E-Mail: _____

CARE RELATED

Please indicate how much input the applicant is receiving currently

	High / Daily	Occasional / Weekly	General Awareness	None
<i>Personal Hygiene (Showers, Bath)</i>				
<i>Teeth, Hands, Face, Hair</i>				
<i>Toileting (Continence etc.)</i>				
<i>Dressing</i>				
<i>Mealtimes</i>				
<i>Sleep</i>				
<i>Memory (Short or Long term)</i>				

Indicate issues from above:

What is the preferred form of communication for the applicant? Please describe in details
If applicant is non-verbal:

Please describe the applicant's mobility level (Indicate Assistance/Aids needed):

RISK ASSESMENT

How much input does the applicant need with the following

	High	Occasional	General Awareness	None
<i>Understanding danger to him/her self</i>				
<i>Understanding danger to other people</i>				
<i>Leaving the building in case of fire</i>				
<i>Understanding Traffic dangers</i>				
<i>Resolving conflict with other people</i>				
<i>Being in town by his/her self</i>				
<i>Dealing with crowds, or loud noises</i>				
<i>Being left unattended in unfamiliar circumstances</i>				
<i>Understanding Finances / Money</i>				
<i>Respecting other people's personal space</i>				
<i>Support in understanding verbal communication</i>				
<i>Maintaining his/her own routine</i>				
<i>Accepting unexpected changes in circumstances</i>				

Does the applicant exhibit challenging behaviour in any of the following ways (Yes or No):

Aggression: _____

Sexual awareness: _____

Tempers: _____

Obsession / Fixations: _____

Lack of co-operation / Non Co-operation: _____

Abusive language: _____

Screaming / Banging: _____

Physical abuse towards others: _____

Physical abuse towards property: _____

Please give details to previous questions (If any)

What factors or circumstances, if any, promote Challenging behaviour?

What methods are being used for reassuring the applicant when needed?

Has physical restraint ever been needed?

Are there any Issues related to sexuality?

DEVELOPMENT

Was the pregnancy / Birth Normal? Please explain if not

When did the applicant:

Begin to walk: _____

Begin to speak: _____

Become toilet trained: _____

Cause of developmental delay (if known)?

When did it become clear that the applicant did have developmental delay?

EDUCATION HISTORY

How well is the applicant able to do the following?

Read / Write: _____

Read the clock: _____

Numeracy (Counting, Calculating): _____

Social ability e.g. adaptation to environment, responsibility, degree of independence

Schools or Training

Name of place	Type of school / Training	Date started	Date Ended

Has the applicant ever been expelled from a school or centre? Please give details

Any particular skills that the applicant would like to develop into the future / particular kind of work that the applicant considers to be his/her chosen profession.

CURRENT SITUATION

Please describe the applicant's current housing arrangements and living situation

How long has the applicant lived in the current situation?

What are the main reasons for considering a move to Mourne Grange?

PLACEMENT HISTORY

Has the applicant ever lived in the following situations (Yes or No)

Boarding school: _____

Hostel: _____

Institution: _____

Family fostering: _____

Approximate period of attendance in those situations

What was the applicant's response to these placements?

Date: _____

Name of person filling in the questionnaire: _____

Signature: _____

Signature of applicant: _____