



SELF ASSESSMENT



Admissions



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PLEASE TELL US ABOUT YOURSELF



Name:



Telephone number (Home / Mobile):



Postal address:



E-mail address (if you have one):



Date of birth:



LIVING WITH OTHER PEOPLE

Who do you live with now?



My family



Other adults



By myself

Do you like living with other people?



Do you like eating with other people?



Can you share a bathroom with other people?





ABOUT YOUR WORK



Where do you work?:

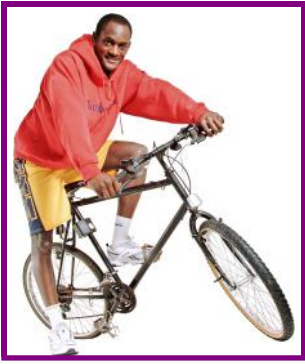


What work do you do?:



What work do you like doing?:





HOBBIES / ACTIVITIES



What do you do in your free time?:



Do you need help with your hobbies or activities:





Can you work in a group with your hobbies or activities:



ABOUT YOUR CARE NEEDS

Are you OK with someone else helping you with your care needs:



CAN YOU DO THE FOLLOWING WITHOUT HELP?

Brushing your teeth ?



Cleaning your room ?



Making tea ?



Finding appropriate clothing ?



Crossing roads safely?



Going shopping?



Attending church?



Making friends?



Calling your family?



Reading and Writing



Understanding Numbers or Money





OTHER

Have you read and understood the Resident handbook



Is there anything else you would like to tell us about yourself

Signature:



Date: