



## Camphill Village West Coast Resident Application Form

Please complete the application form in full, to the best of your knowledge, and attach the following:

- A medical report (by a qualified medical practitioner on the causes, the nature and the extent of the intellectual disability of the prospective villager, and his/her present state of health)
- A recent photograph of the applicant
- Applicant's biography by a family member or social worker
- A certified copy of the applicant's Identification Document
- Proof of future financial provision for applicant

### GENERAL INFORMATION OF APPLICANT

<b>1. Full name</b>		
<i>(Last/Surname)</i>	<i>(First/Given Name)</i>	<i>(Middle Name)</i>
<b>2. Age and date of birth</b>		
<i>(Age)</i>	<i>(Date of birth)</i>	
<b>3. Identification Number:</b>		
<b>4. Nationality:</b>		
<b>5. Type of disability:</b>		
<b>6. Applicant's current address:</b>		
<b>7. Does the applicant have a drivers licence? <i>(If yes, please specify when the licence was obtained)</i></b>		
<b>8. Please insert a current photo of the applicant in the block provided</b>		

**PARTICULARS OF MOTHER OR FEMALE LEGAL GUARDIAN**

<b>1. Name of Mother or Female Legal Guardian</b>		
<i>(Last/Surname)</i>	<i>(First/Given Name)</i>	<i>(Middle Name)</i>
<b>2. Relationship to applicant:</b>		
<b>3. Age and Identification Number:</b>		
<b>4. Current occupation:</b>		
<b>5. Current address:</b>		
<b>6. Contact details</b>		
<i>(Home No)</i>	<i>(Work No)</i>	<i>(Cell phone No)</i>
<i>(Email)</i>		<i>(Fax No)</i>

**PARTICULARS OF FATHER OR MALE LEGAL GUARDIAN**

<b>1. Name of Father or Male Legal Guardian</b>		
<i>(Last/Surname)</i>	<i>(First/Given Name)</i>	<i>(Middle Name)</i>
<b>2. Relationship to applicant:</b>		
<b>3. Age and Identification Number:</b>		
<b>4. Current occupation:</b>		
<b>5. Current address:</b>		
<b>6. Contact details</b>		
<i>(Home No)</i>	<i>(Work No)</i>	<i>(Cell phone No)</i>
<i>(Email)</i>		<i>(Fax No)</i>

**APPLICANT'S SIBLINGS**

Full Name	Address	Contact Details i) Cell phone ii) Telephone iii) Email
		i) ii) iii)
		i) ii) iii)
		i) ii) iii)

**EDUCATIONAL AND SOCIAL BACKGROUND INFORMATION OF APPLICANT**

<p><b>1. Scholastic achievements and schools or training centres attended:</b></p>			
<p><b>2. Further education or courses completed:</b></p>			
<p><b>3. Working experience:</b> <i>(ie. applicant's attendance at protective workshop)</i></p>			
<p><b>4. Has applicant previously lived in an institution/ group home?</b></p>			
<p><i>(Name of facility/group home)</i></p>	<p><i>(Contact details)</i></p>	<p><i>(Reference person)</i></p>	<p><i>(Date of discharge)</i></p>

<p><b>5. Any special characteristics, interests and hobbies?</b></p>
<p><b>6. Any dislikes the applicant has?</b></p>
<p><b>7. Does the applicant have aggressive outbursts or uncontrollable behaviour? (If yes, how frequent and what aggravates these behaviours or outburst, and what medication are they on?)</b></p>

**MEDICAL HISTORY OF THE APPLICANT**

<p><b>1. Any special condition(s) requiring care? (Epilepsy, allergies, etc.)</b></p>
<p><b>2. Is the applicant a member of a Health Care Plan or Medical Scheme? (If yes, what medical aid and what is the medical aid number)</b></p>
<p><b>3. Has the applicant undergone any surgery? (If yes, please provide details)</b></p>
<p><b>4. Is the applicant an out-patient of any hospital or health clinic? (If yes, please provide the name and hospital number)</b></p>
<p><b>5. Blood group (if available):</b></p>
<p><b>6. Medic Alert No.</b></p>
<p><b>7. What medication is the applicant receiving? (Please specify the name of the medication and for how long the applicant the applicant has been receiving it)</b></p>

**8. Private Medical Particulars**

If the standard procedures followed by Camphill Village are not acceptable to parents and/or guardians then provide specific instructions to be given regarding the names of medical practitioners and facilities to be used:

**General Practitioner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

**Dental Surgeon**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

**Hospital**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

*(Kindly note that it is the responsibility of the applicant's family when accessing medical resources outside of Camphill's standard procedures.)*

**9. Is there any other relevant information you would like to add?**

**APPLICANTS NEEDS ASSESSMENT**

*(Please circle the appropriate block)*

CAN APPLICANT WALK ALONE?

YES	NO	NEED ASSISTANCE
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CAN APPLICANT SIT ALONE?

YES	NO	NEED ASSISTANCE
-----	----	-----------------

CAN APPLICANT EAT ALONE?

YES	NO	NEED ASSISTANCE
-----	----	-----------------

CAN APPLICANT BATH ALONE?

YES	NO	NEED ASSISTANCE
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CAN APPLICANT BRUSH HAIR & TEETH ALONE?

YES	NO	NEED ASSISTANCE
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CAN APPLICANT USE THE TOILET ALONE?

YES	NO	NEED ASSISTANCE
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CAN APPLICANT DRESS HIM / HERSELF?

YES	NO	NEED ASSISTANCE
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**APPLICANT'S DIETARY NEEDS**

<p><b>1. Is the applicant following any dietary programme? (If yes, please give details?)</b></p>
<p><b>2. How would you describe the applicant's appetite?</b></p>

**APPLICANT'S FINANCIAL INFORMATION**

<p><b>1. Is the applicant receiving a disability grant? (If yes, please give the DISABILI GRANT NUMBER)</b></p>
<p><b>2. Is the applicant in receipt of any other income? (If yes, please specify the amount and provide details of this income)</b></p>

**HOLIDAY ARRANGEMENTS**

<p><b>1. Where will the applicant spend holidays?</b></p>		
<p><i>(With whome)</i></p>	<p><i>(Where)</i></p>	<p><i>(What holidays)</i></p>
<p><b>2. Contact details of person responsible for travelling expenses:</b></p>		

WHO TO CONTACT IN CASE OF AN EMERGENCY:

1) FULL NAME: \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT: \_\_\_\_\_

CONTACT NUMBERS: (TELEPHONE) \_\_\_\_\_

(CELL) \_\_\_\_\_

(WORK) \_\_\_\_\_

2) FULL NAME: \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT: \_\_\_\_\_

CONTACT NUMBERS: (TELEPHONE) \_\_\_\_\_

(CELL) \_\_\_\_\_

(WORK) \_\_\_\_\_

I, \_\_\_\_\_ (full name)  
\_\_\_\_\_ (Identification Number), hereby testify that the  
above information is correct to the best of my knowledge and that I will notify Camphill Village of any  
changes of this information. My relationship to, \_\_\_\_\_ (full name  
of applicant), is \_\_\_\_\_ (mother/father/legal guardian).

Signature \_\_\_\_\_ Date \_\_\_\_\_