Portland Freedom

CITIZEN APPLICATION FORM

Please place photograph of applicant here

Name of Applicant

Name of person completing the form and their relationship to applicant

Type of Freedom placement required:

- [ ] Day Service
- [ ] Short Breaks
- [ ] Independent Living Programme

HELLO AND WELCOME TO PORTLAND FREEDOM

Portland Freedom has been designed to meet your specific individual requirements. We offer Day Services, Independent Living Programmes and Short Stay Breaks, all with a range of bespoke and structured schedules.

DAY SERVICE

Operates a non-residential service 9am - 4pm, 5 days a week, 50 weeks a year, and is registered with our Local Authority.

For more information about the Day Service please contact us on the details below:
Telephone: **01623 494336** • Email: **matthewgallagher@portland.ac.uk**

INDEPENDENT LIVING

Our trained support workers will encourage you to develop a personal, centred residential programme that will define your goals in life and support you to achieve your potential. You will have our assistance and encouragement to enable you to develop your life skills and independence.

For more information on Independent Living contact us on the details below:
Telephone: **01623 494322** • Email: **margaretw@portland.ac.uk**

SHORT BREAKS

Offers a specialist service that you and your family can access, providing a break from care and promoting positive activities. Design your break away to meet your individual requirement from one overnight stay to a week or more!

Contact Short Breaks on:
Telephone: **01623 499322** • Email: **lisabavester@portland.ac.uk**

CONTACT INFORMATION

Full Name

Known As

Date of Birth

Address

Telephone Number

Email Address

Preferred Method of Contact: Telephone ☐ Email ☐ Text ☐

Your contact details will be added to our database for surveying and marketing purposes. If you would **NOT** like to be added, please tick here: ☐

NEXT OF KIN

Name

Relationship

Address

Telephone Number

Email Address

Preferred Method of Contact: Telephone ☐ Email ☐ Text ☐

Your contact details will be added to our database for surveying and marketing purposes. If you would **NOT** like to be added, please tick here: ☐

GP CONTACT

Independent Living only - you have the option to register with our local GP

Please indicate your preference: Yes ☐ No ☐

Please provide details of your current GP practice:

Doctors Name:

Address

Telephone Number

Please note: In the case of a medical emergency, Portland College reserves the right to take decisions that would involve contacting our local GP/emergency services due to our duty of care for all citizens and learners.

RELIGIOUS/CULTURAL NEEDS

Please indicate details of any specific personal needs:

MEDICAL

NHS Number

Medical Exemption Number

National Insurance Number

SOCIAL WORKER

Name

Address

Telephone

Email

Preferred Method of Contact: Telephone ☐ Email ☐ Text ☐

LIVING WELL TEAM

Name

Address

Telephone

Email

Preferred Method of Contact: Telephone ☐ Email ☐ Text ☐

Contact details and a brief background of any therapists currently involved:

Physiotherapy

Occupational Therapy

Speech and Language

Psychologist

Other (please detail):

INFORMATION ABOUT YOU

Your disability:

Please tell us about your personality, including your likes and dislikes:

Who, or what, is important to you?

Do you have a disabled person's bus pass? Yes ☐ No ☐

If yes, is it with a companion? Yes ☐ No ☐

What are your expectations of your time at Portland Freedom?

Any aims, goals or objectives for your time at Portland Freedom?

MEDICAL HISTORY

Do you have a history of any of the following?
Please give all relevant information in the spaces provided.

☐ Epilepsy

How often Do you have a seizure?

What type of seizures do you have?

How long do the seizures last?

What intervention do you require?

Do you recognise when you are going to have a seizure? Yes ☐ No ☐

If yes, please specify how:

Please provide a copy of your current Epilepsy protocol or rescue plan with your application

☐ Diabetes
☐ Heart Problems
☐ Mental Health Problems
☐ Depression
☐ Anxiety
☐ Asthma
☐ High Blood Pressure
☐ Eating Disorders (e.g Anorexia/Bulimia)
☐ Breathing Difficulties (e.g Tracheotomy/Oxygen/Restriction/Repeated Chest Infections)
☐ Others (e.g botox/spinal rods/tendon releases/hip displacements etc)

Please provide full details of any of the above:

Any additional information, including any further relevant medical or therapy involvement:

Has there been a Power of Attorney applied for on behalf of the individual named on the application form? Yes ☐ No ☐

If yes please enclose the original documentation

MEDICAL INFORMATION

Medication Prescribed:
How is this taken? (tick all those that apply)

	Orally	Rectally	PEG-fed
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐
4.	☐	☐	☐
5.	☐	☐	☐
6.	☐	☐	☐
7.	☐	☐	☐
8.	☐	☐	☐
9.	☐	☐	☐
10.	☐	☐	☐

Please ensure all medications are closed, in the correct packaging and with the prescription intact and fully legible.

Do you understand why you are taking this medication? Yes ☐ No ☐

Do you have any PRN or emergency medication? (please provide details)

Allergies/drug sensitivity (e.g foods/pollens/animals/latex)

CONTACT DETAILS

District Nurse:

Date of last visit:

Optician:

Date of last visit:

Dentist:

Date of last visit:

Chiropodist:

Date of last visit:

Do Not Attempt Resuscitation (DNAR) order in place? Yes ☐ No ☐

If yes, please ensure you provide us with a copy.

CONSENT

We now require the individual's consent/parental consent through best interests to access confidential information and the most recent Community Care Assessment (CCA) from your local authority.

- [ ] I consent to my son/daughter's CCA to be shared with Portland College.
- [ ] I consent to my CCA to be shared with Portland College.

Name of Citizen

Date of Birth

Parent/Care Name

Relationship to Citizen

Date

Signature