



Camphill Holywood

Day Opportunities Application Form

Camphill Holywood
8 Shore Road
HOLYWOOD
Co. Down
BT18 9HX
Tel: +44(0)28 9042 3203
www.camphillhollywood.co.uk
info@camphillhollywood.co.uk

APPLICANT INFORMATION

FULL NAME:

CURRENT ADDRESS:

POST CODE:

TELEPHONE: **D.O.B:**

EMAIL:

PARENT/GUARDIAN/PRIMARY ALTERNATIVE CONTACT INFORMATION

NAME:

ADDRESS:

POST CODE:

TELEPHONE: **MOBILE:**

EMAIL:

HEALTH TRUST CONTACT DETAILS

LOCAL HEALTH TRUST INFORMATION

NAME OF HEALTH TRUST:

TELEPHONE:

PRIMARY CONTACT IN HEALTH TRUST – CARE MANAGER/SOCIAL WORKER/OTHER

NAME:

ADDRESS:

TELEPHONE:

EMAIL:

DAY OPPORTUNITIES WORKSHOP PARTICIPATION

We have the bakery, café, kitchen, shop and craft workshops here in Camphill Holywood. You are welcome to try them all if you wish or you can contribute in one area only. Its up to you. Please give details below if you are interested in any particular area or you have a wish not to contribute in any area. Please also give details of the days/times you wish to attend.

AREA OF INTEREST:	
DAY(S)/TIMES(S) YOU WISH TO JOIN US:	
ANY AREA THAT IS NOT OF INTEREST:	

PREVIOUS WORK EXPERIENCE AND/OR TRAINING

Please let us know if you already have developed skills in any area – this can be from school, volunteering, day opportunities, previous training or work experience (it is not essential):

SUMMARY OF SKILLS, TRAINING AND EXPERIENCE:	
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GOALS AND ASPIRATIONS

Please let us know if you have any goals or wishes that you wish us to help you achieve through our day opportunities:

GOALS & ASPIRATIONS:	
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SUPPORT NEEDS

PLEASE INDICATE WHETHER ASSISTANCE IS REQUIRED IN RESPECT OF THE FOLLOWING:

		<i>IF YOU HAVE INDICATED 'YES' PLEASE GIVE DETAILS</i>
COMMUNICATION	Y / N	
FINE MOTOR SKILLS	Y / N	
MOBILITY	Y / N	
LITERACY	Y / N	
NUMERACY	Y / N	

HAS THE APPLICANT EVER EXHIBITED CHALLENGING BEHAVIOURS	Y / N	
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Please detail any other information which may be relevant to your application, anything which we may need to consider – for example details of any allergies etc.

(please continue on separate sheet if necessary)

DECLARATION

I confirm that I have answered all questions to the best of my knowledge and ability, and I would like to apply for day opportunities with Camphill Hollywood:

Signed:

Date:

If you have signed on behalf of the applicant, please would you indicate your relationship to the applicant:

Please return the completed form, with all relevant enclosures to:

Camphill Hollywood

By email: info@camphillhollywood.co.uk

**Or by post:
8 Shore Road
HOLYWOOD
Co. Down
BT18 9TE**

Privacy statement:

The information provided by you in support of your application will be treated subject to the provisions Data Protection Act 1998. Camphill Hollywood will retain and process this information in line with our responsibilities and duties as an employer of provider of volunteering opportunities and, if you join our community, for our staff records. All information will be treated in the strictest confidence, accessed only by designated individuals, and retained securely.

Camphill Community Hollywood welcomes application forms from people with disabilities and is committed to promoting equal opportunities for all roles in our Community (employment or volunteering) for people with a disability who meet the essential requisites for a post/role. It is recognised that disabled people are not only those whose disability is immediately apparent (e.g. people who are registered blind or those in wheelchairs) but also those whose disability is not immediately obvious (e.g. mental illness, diabetes etc.).