

**CMSS**  
**Skills Development Centre**  
Wiltshire Lane, Northwood Hills, Pinner, Middlesex,  
HA5 2NB  
Tel 020 8866 3711 Fax 020 84294849

[www.skillsdevelopmentcentre.org.uk](http://www.skillsdevelopmentcentre.org.uk)

## Application form for Assessment & Placement

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Have you visited the Skills Development Centre? If so, when was this? \_\_\_\_\_

Carer's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Next of kin \_\_\_\_\_

Name of Social Worker \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

How are you planning to fund your placement? (for example through your Social Worker or Direct Payments etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Placement with the Skills Development Centre

What would you like the Skills Development Centre to offer you?

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Have you attended any courses, gained qualifications etc?

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Are you employed or have you worked in the past? Please give details of any paid employment, work experience and or voluntary work.

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Do you access the community for any social activities and/or do you attend any clubs?

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Do you access holidays independently, if not, would you like to do so? (with support from the skills development centre)

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## Assessment Sessions

*Please circle at least 6 areas of interest below. Please note that it is impossible to list all the activities on offer. The areas below are there to give you an indication of the type of activity you choose to be assessed in. If you have a special interest that is not listed, make sure you write it down in this section. We will then do our very best to accommodate you with your interest.*

<u>Social</u>	<u>Independent Living</u>	<u>Life Long Learning</u>
Recreational Cooking	Travel Training	Basic Education
Accessing the local community	Shopping in the community	Internet & Email
Gym/Swimming	Employment Consultancy/Support	NVQ course
Sexual Awareness	Mobility Program	Going to College
Art/ Construction	Cooking Main Meals	British Sign Language
Drama at the Compass Theatre	Domestic Skills	Organic Gardening in the community
Music	Self Advocacy	Journalism

Please write down below any other ideas of topics you would like to be assessed in. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a person centred plan      yes      no

Would you like a Keyworker if you were offered a placement at the Skills Development Centre?      yes      no

## Disability Information

Please note that this information is to ensure that we can meet your needs.

What is your disability called? \_\_\_\_\_

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Physical disability	yes	no
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Comments \_\_\_\_\_

Do you use a wheelchair	yes	no
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Comments \_\_\_\_\_

Learning Difficulties	yes	no
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Comments \_\_\_\_\_

Are you Deaf?	yes	no
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Do you use Makaton?	yes	no
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Do you use BSL <sup>1</sup> ?	yes	no
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Have you got any communication difficulties?	yes	no
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Do you use any communication aids (for example pathfinder or Bliss board)?	yes	no
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Comments \_\_\_\_\_

Do you require support with personal care?	yes	no
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If yes, please explain what support you need \_\_\_\_\_

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Are you registered with Dial A Ride?	yes	no
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<sup>1</sup> BSL means British Sign Language



Are you on medication to control your seizures?      yes              no

If yes, please list your medication and directions for usage \_\_\_\_\_

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Have you been prescribed rectal Diazepam?              yes              no

Diabetes    yes    no

Are you on medication to control your diabetes? Please give directions \_\_\_\_\_

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Is your diabetes controlled through your diet? If so, please provide relevant information. (use extra page attached to the back of this form) \_\_\_\_\_

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Asthma    yes    no

Are you on any medication for your asthma? Please give full details \_\_\_\_\_

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Other medical conditions                      yes    no

If yes, please give full details \_\_\_\_\_

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