



The Open Circle Residency Application Form:

- Please complete ALL components of this form.
- This form must be accompanied by the **Clinical Summary form**.
- Any incomplete data will delay your application. It remains the responsibility of the applicant to ensure that the form was received by the Open Circle.
- **Please attach a copy of your (both parents) ID/birth certificate as well as the applicants'.**

Personal Particulars

Full name of Individual requiring the placement:

Age of individual requiring placement:D.O.B:

Sex:

MALE	FEMALE
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Address:

Home Language:

Nature of Intellectual disability and other Diagnosis:

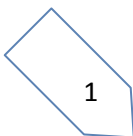
Family/ Care-giver details

Mother / Main Care giver:

Full name of Mother:

Address:

ID number:Occupation of Mother:



Tel (H): (W): (C):

Email: (F)

Father

Full name of Father:

Address:

ID number: Occupation of Father:

Tel (H): (W): (C):

Email: (F):

Siblings

Name	Age	Occupation

In Case of emergency

Name of contact:
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Relation to applicant:
.....

Tel:(H) (W) (C)

Name and contact details of General Practitioner to contact:
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Medical Background

To your knowledge, please list the medical conditions of the individual:

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Allergies:

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Medication:

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Any previous or current history of substance dependency?

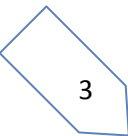
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Last hospitalization and reason:

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Is the applicant an out-patient at any hospital? (Please list details)

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Is the applicant on medical aid? Please provide full details

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Has the applicant undergone any past surgical procedures?

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Social history and details

What is the applicants schooling history?

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Has He / She lived in a group home before?

YES	NO
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If you answered yes to the above, please list the group homes below, including how long he / she stayed there for and the reasons for leaving

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Does He / She attend a workshop or any form of program during the day? Please include past attendances as well.

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What does the applicant enjoy doing?

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Any particular dislikes?

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Does the applicant have any obsessive behaviors or obsessions?

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Comment on applicant's ability to make friends, keep friends or whether being alone is the preferred choice?

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What is the applicant's awareness of sexuality and are there are any problems/concerns around sexuality?

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Behavior

Does the applicant have a history of challenging behavior? Please elaborate

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What is most difficult to manage about the behavior of the applicant?

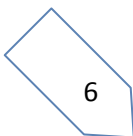
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How often does the applicant become violent or aggressive?

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What triggers these episodes?

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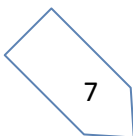


What calms the applicant?

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How does he/she respond to rules, structure and figures of authority?

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Functional abilities and independence

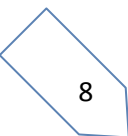
Activity	Independent	Requires reminding or supervision	With assistance	Requires someone else to do this
Walking				
Brushing teeth				
Bathing				
Grooming (shaving/washing hair etc)				
Toileting				
Choosing clothing				
Dressing				
Undressing				
Making simple snacks (sandwich or tea and coffee)				
Eating and drinking				
Setting table				
Clearing table / dishes				
Washing up dishes				
Making a bed				
Doing washing of clothes by operating machine				
Using telephone				
Taking messages on the telephone				
Partaking in chores around the home				

Please comment on the applicants sleeping pattern:

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Ability to read:

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Ability to write:

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Speech and ability to communicate effectively:

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Ability to follow simple (1-2 step) instructions:

YES	NO
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Ability to follow multiple instructions (3+):

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Financial information of applicant

Does He / She receive a disability grant?

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Who is responsible for the monthly Fees to The Open Circle?

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In the event of parents being unable to contribute financially to The Open Circle, is there any financial assistance in place?

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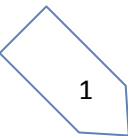
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In the event of the death of one or both parents, what financial plans are in place for the care of the applicant?

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Any other information you may like to add:

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Conditions of acceptance/admission

- The acceptance of an individual will be based on the information supplied on this application form **AND** the results of clinical assessments conducted by an independent panel of assessors whom will advise The Open Circle Management Committee
- The final decision regarding acceptance/admission rests with The Open Circle Management Committee
- I confirm that the information supplied in this application form is, to the best of my knowledge, correct.
- The Open Circle exercises the right to cancel the acceptance of any applicant if any supplied information on this form is found to be misleading or incorrect.
- Parents undertake to actively participate where required
- The parent/guardian undertakes to pay monthly, the monthly fees set by The Open Circle
- Should the application for admission as a Resident be successful after a 3 month Probation period, I understand that I would be required to enter into a legally binding agreement with The Open Circle setting out the terms and conditions of admission and the House Rules pertaining to occupation.

Date of Application: Signature:

Preferred method of feedback or correspondence and details: (Indicate telephone/ post **AND Email address**)

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Have you completed all the questions	
Have you attached a copy of your ID/Birth Certificate	
Have you attached a copy of the applicant's ID/Birth Certificate	

Thank You for your application, you will be contacted to arrange for the necessary assessments to take place by our independent panel of assessors.

For office use only

Date form received:

 Received by:

