

LITTLE ANGELS HOME APPLICATION

All information is treated as confidential.

Applying for the following type of care <i>(tick box)</i>	Full time		Daytime		Respite Care (Based on Availability)	
--	-----------	--	---------	--	---	--

APPLICANTS DETAILS *e.g person applying on behalf of the learner*

Full Name & Surname						
Relation to Learner						
Email				Tel		
Application Date				Mobile		

LEARNERS DETAILS *e.g the learner that would like stay at Little Angels Home*

Full Name & Surname					
Gender <i>(tick box)</i>	Female		Male		
Home Language					
Date of Birth	Day		Month		Year
RSA ID Number					
Residential Address			Postal Address		

PARENTS / GUARDIANS DETAILS

MOTHER

Full Name & Surname					
Marital Status	Single		Married		Divorced
RSA ID Number					
Occupation					
Employer					
Contact Details	Work No			Email	
	Home No			Mobile No	
Residential Address			Postal Address		

FATHER

Full Name & Surname					
---------------------	--	--	--	--	--

Marital Status	Single		Married		Divorced	
RSA ID Number						
Occupation						
Employer						
Contact Details	Work No				Email	
	Home No				Mobile No	
Residential Address				Postal Address		

GUARDIAN						
Full Name & Surname						
Relation to Learner						
Marital Status	Single		Married		Divorced	
RSA ID Number						
Occupation						
Employer						
Contact Details	Work No				Email	
	Home No				Mobile No	
Residential Address				Postal Address		

NEXT OF KIN	
Full Name & Surname	
Contact Number	

SIBLINGS IN HOUSEHOLD		
Full Name & Surname	Date of Birth	Gender
1		
2		
3		
4		

MEDICAL HISTORY OF LEARNER		
Medical Aid Name		Medical Aid Number
Type of Medical Plan		Dependant Code
Main Member		Main Member ID Number

Disability Type					
Description of Disability					
Is Learner Toilet Trained (<i>tick box</i>)	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
Please describe range of Mobility					
Health Conditions (<i>tick relevant boxes</i>)	Epilepsy		High/low Blood Pressure		
	Diabetes		Heart Problems		
	Rheumatic Fever		Asthma / Lung Condition		
	Seizures		Other		
If you ticked any of the boxes above, please describe condition in depth					
Medication Name		Dosage & Times Per Day taken			
1					
2					
3					
4					
5					
Details of Allergies					
Learner's Medical History (any illnesses, operations or surgery)					

Relevant Family Medical History			
Family Doctor		Specialist	
Contact number		Contact Number	
Psychiatrist		Primary Hospital	
Telephone number		Contact Number	
Other useful information			

INDEMNITY & CONSENT

Consent Information	<p>From time to time, the centre will require photographs of the learners for publication in the press, annual reports or any other articles published by the centre. All staff members, including interns, working with the learners need to view the information in their folders to assist with their development. Please tick the relevant boxes for all scenario's listed below:</p> <ul style="list-style-type: none"> - Photographs and/or videos may be taken of my child for in house use for ex. birthday parties, outings, etc. - Photographs and/or videos may be taken of my child for extrenal use for ex. fundraising articles, press releases and Little Angels website - My child's name and/or diagnosis may be used with photographs - My child may be transported by the centre - All staff may view the contents of my child's folder - The centre may administer medication (prescribed by the doctor) to my child. [Please do not put medication in the child's case/bag, but hand it to the assistant on the vehicle.] 	Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Indemnity Information	<p>I indemnify and undertake to bring no legal proceedings of whatsoever nature or kind, against the Centre and/or any of its Board of Management Members and/or any of its various Committee Members and/or any of its staff members and/or any beneficiary for all or any claims for damages of whatsoever arising out of injury or loss or harm of whatsoever kind, sustained by reason of the use and/or being on the centre's premises, transport or equipment. [The Centre only insures its own property. The onus is therefore on the parent/guardian to insure your child.]</p>
-----------------------	---

Full Name & Surname			
---------------------	--	--	--

Signatory Relation to Learner		Date	
-------------------------------	--	------	--

OFFICE USE			
-------------------	--	--	--

Admission Date		Comments	
Centre Manager			
Signed by			