

Applicant's Form

This section is to be completed by the applicant where possible with help from the Care Manager arranging admission only if necessary.

Name:		Date of birth:	
Present address			
		Phone number	
How long have you been at this address?		National Insurance Number	
Are you?	Married / Divorced / Separated / Single / Other <i>(delete as appropriate)</i>		
Do you have any children?	If yes, how many and how old are they?		
	How often do you see them?		

If there is an emergency whilst at Crossways, we may need to contact someone on your behalf:

Next of kin:	Relationship to you:	
Address:		
Email address:	Phone Number:	
Do you wish us to talk to them about coming to Crossways?		Yes/No

Is there anyone else apart from the person mentioned above (i.e. friend or family member) who you would like to be involved in your application to Crossways? If there is, please put their name and address below.

Name:	Relationship to you:	
Address:		
Email address:	Phone Number:	

Do you have any special dietary requirements?

Do you have a present daily routine? If so, what is it?

What would you like to achieve whilst at Crossways?

Signature: _____

Date _____

Crossways Community is a company limited by guarantee. Registered Office: Administration Building, 8 Culverden Park Road, Tunbridge Wells, TN4 9QX
Registered in England: No 2649197 Registered Charity: No. 1007156

THIS FORM SHOULD BE HANDED TO ADMIN DEPARTMENT FOR RETENTION & EOP ANALYSIS

Crossways Community operates an Equal Opportunities and Anti-Discrimination Policy that ensures that anyone who applies to us is considered on their merits, regardless of race, ethnic origin, sex, marital status, disability or sexual orientation. We therefore operate a monitoring policy to check that unfair discrimination is not taking place. Please circle your choice. You are free to put "prefer not to say" to any question you do not wish to answer (for whatever reason).

APPLICANT'S NAME		
Date of Birth		Age

Ethnic Origin

A) White	B) Mixed	C) Asian or British Asian	D) Black or Black British	E) Chinese or other ethnic group
British	White and Black Caribbean	Indian	Caribbean	Chinese
Irish	White and Black African	Pakistani	African	*Any other*
Any other White background	*Any other Mixed background*	Bangladeshi	*Any other Black background*	Prefer not to say
		Any other Asian Background		

*If you have stated "any other" please specify how you would describe your ethnic origin?

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Gender	Female	Male	Transgender	Other	Prefer not to say
Sexuality	Bisexual	Heterosexual	Homosexual	Other	Prefer not to say

Disability

Do you consider that you have a physical disability or are disabled?	Yes	No
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If yes please specify.....

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Do you require any reasonable adjustments so as to assist you during the selection process? (i.e. help with physical access, communication support, personal support?)	Yes	No
If you were to be come to live at Crossways, would you require any reasonable adjustments?	Yes	No

If you answered yes to either of the above questions, we will contact you to discuss any adjustments you may require.

Religious belief

How would you describe your religion or belief?	Agnostic	Atheist	Buddhist	Christian
	Hindu	Jewish	Muslim	Sikh
	Other (please specify)			Prefer not to say

Number 8 Use Only

Application Received (date)		Result of Application		If Accepted (Date of Arrival)	
If Not Accepted (Reason)					