



Attach

Photo

## Day Placement Application Enquiry Form

The information we gather and hold will be managed in line with the General Data Protection Regulation (2018). Equal opportunities information will only be used for overall monitoring and not attributed to individuals. We will not disclose or share your information with any third party without your explicit consent.

<b>How did you hear about The Lantern Community</b>											
<b>Date of Enquiry</b>					<b>Enquiry Number</b>						
<b>Title</b> (please tick one box)	<b>Mr</b>	<input type="checkbox"/>	<b>Mrs</b>	<input type="checkbox"/>	<b>Miss</b>	<input type="checkbox"/>	<b>Other</b>				
<b>First name</b>					<b>Ethnic Origin</b>						
<b>Surname</b>											
<b>Date of birth</b>											
<b>Home address</b>											
<b>Telephone number</b>					<b>Mobile number</b>						
<b>Email address</b>											
Occasionally, we may need to contact you to let you know about any changes to when the workshop may be open, etc. We would like to be able contact you by phone or email. Please indicate below whether you are happy for us to do so.											
<b>Where needed, I am happy to be contacted by phone / mobile.</b>							<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	
<b>Medical Details / Diagnosis</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Please give details of any activities you may be unable to undertake as a result of this condition and outline any support needs you may have.</b>											
<b>Who should we contact in an emergency?</b>											
<b>First name</b>					<b>Surname</b>						
<b>Telephone number</b>					<b>Mobile number</b>						
<b>Relationship to you</b>											
Please confirm that you have this person's permission to hold their contact details – they will only be used in the case of an emergency.								<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

<b>Additional Information</b>		
<b>Have you ever been convicted of a criminal offence?</b> (You do not need to disclose any convictions deemed as 'spent' under the Rehabilitation of Offenders Act 1974)	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please give details</b>		
<i>With some exceptions, having a criminal record will not necessarily bar an individual from joining us. This will depend on the circumstances and background of the offences.</i>		
<b>Risk Assessment</b>		

In order to support you correctly, please give the name, address and contact email address or phone number of your social worker who we can contact for a risk assessment.

<b>Risk Assessment</b>	<b>Capacity ie Social Worker</b>	
<b>Name</b>		
<b>Address</b>		
<b>Email address</b>		
<b>Phone / mobile number</b>		

Please confirm that you have this person's permission for us to share your information. contact	<b>Yes</b>	<b>No</b>

### Participating in Day Activities

#### What kind of activities would you like to do as part of your day placement with us

Retail Services Shop, Café, Bakery		Specify	
Craft Workshops, Art, Pottery,		Specify	
Weavery, Seasonal Crafts		Specify	
Land		Specify	

#### Are there any activities that you would not be happy or comfortable doing?

#### On what days do you think you would like to join with us      Full Day   /   Half Day

<b>Mon</b>		<b>Tues</b>		<b>Weds</b>		<b>Thurs</b>		<b>Fri</b>	
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#### When would you like to start

<b>Has Funding been agreed</b>	<b>Yes</b>	<b>No</b>
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<b>Admissions Interview Arranged</b>	<b>Date</b>
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<b>Taster Session Appointment Made</b>	<b>Date:</b>
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<b>Workshop.</b>	
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### Personal Declaration

*In signing this form, I understand and agree that data contained in this registration form will be used for enquiry registration purposes and will be held on a computer database. I also agree to the Lantern Community holding this form in paper format in a secure area.*

*I confirm that the information I have given is true and that if any statements I have given are not true, or I have missed out any important information, my volunteering placement could be stopped. I confirm that I know of no reason why I would not be a suitable volunteer with Tools for Self Reliance.*

*I confirm that I have received both verbal and written guidance regarding Health & Safety. I understand the policy and arrangements and agree to adhere to them at all times.*

<b>Signed</b>	
<b>Print name</b>	
<b>Date</b>	