



APPLICATION FORM

If you would like to make an application to the Fenner Frost Foundation, please fill out this form and return it to the team.

At:
51 High Street
Sittingbourne
ME10 4AW

If you would prefer, you can make the application by telephone and a member of the team will complete the form. By Phone: 07551 843177

PERSONAL DETAILS

Date:		
Name:	Male/Female:	DOB:
Address:		Postcode:
Contact Phone Number:		
Ethnicity:	Religion:	
Preferred language/ communication method:		
Please give details of learning disability and diagnosis.		
On the Disability Register?		Yes <input type="checkbox"/> No <input type="checkbox"/>

FAMILY DETAILS

Parent/ Carer Name:	Relationship :
Home Tel:	Mobile:
Address:	Any Other Information:

SOCIAL SERVICES INFORMATION

Name and contact details of Social Worker (if applicable):

Name and contact details of Care Manager (if applicable):

Name and contact details of any other agencies (if applicable):

FUNDING

How will the placement be funded?
(please tick one)

Direct
Payments

Privately
Funded

Other
(please give
details)

EDUCATIONAL HISTORY

School/College

Contact Name:

Contact Number or Email:

Details of Qualifications:

Any other relevant information:

Name:

Signed:

FOR OFFICE USE ONLY

Days Attending:

Monday Tuesday Wednesday Thursday Friday

Funding Confirmed: Yes

No

Medical Declaration

Medical Consent Form

Photo Consent Form

Student Contract

Any other information:

Signed:

Date :

