

APPLICATION FORM

You can use this form to request minor adaptations – which include **grab rails, stair rails and half steps** - for yourself or for someone else. This service is for people of 70 and over and who live in the borough of Broxtowe

PERSONAL DETAILS

Please complete this form in **BLOCK CAPITALS**

Please tick the box which applies to you

Title	First Name	Last Name
Date of Birth		
Address	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	What is the best time to contact you?	
Postcode	Is there anything we need to consider when contacting or visiting you?	
Home Tel No		
Mobile		
E-mail		

YOUR HOME and TENURE

Please tick which box applies to you

What type of property do you live in?	Are you?
<input type="checkbox"/> House	<input type="checkbox"/> Council Tenant
<input type="checkbox"/> Static Home / Caravan	<input type="checkbox"/> Homeowner
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Housing Association Tenant
<input type="checkbox"/> Flat	<input type="checkbox"/> Private Tenant
If flat, on which floor is it?	<input type="checkbox"/> Leaseholder
<input type="checkbox"/> Other, <i>please describe</i>	<input type="checkbox"/> Living with relatives
* All Tenants - We may need your landlord's permission to fit any adaptations. <i>Please state:</i>	
Landlord's Name	Landlord's Tel No
Landlord's Address	

ADAPTATIONS

Please tick the item(s) you are requesting

Item	Where? Please describe location	Total req'd
<input type="checkbox"/> Grab rail(s)		
<input type="checkbox"/> Stair rail(s)		
<input type="checkbox"/> Half step(s)		
<input type="checkbox"/> External railing <i>Approx. length / position</i>		

NEEDS ASSESSMENT

Please answer each question by ticking the box which applies to you

1) Do you have a disability or medical condition that affects your mobility? <i>If yes, please describe</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do you have difficulties getting in and around your home? <i>If yes, please describe</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Do you use any equipment to help you get around your home? <i>If yes, please describe</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have you fallen / slipped / tripped in the past year? <i>If yes, please state</i> How many times? Where? When?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Do you know the reason you fell? <i>If yes, please describe</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Did you injure yourself? <i>If yes, please describe</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have your permission to send this form on to Occupational Therapy or the Falls Prevention Team, if appropriate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS of REFERRER

Who has made this referral? Please tick which box applies

<input type="checkbox"/> Yourself	<input type="checkbox"/> Family / friend / neighbour Please include your name and contact number Is this person aware of your request? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Professional Name Position Place of Work	Tel No Email Is this person aware of your request? <input type="checkbox"/> Yes <input type="checkbox"/> No

ETHNICITY

How would you describe your ethnic origin? - Tick one box only

White....	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other		
Mixed...	<input type="checkbox"/> White + Black Caribbean	<input type="checkbox"/> White + Black African	<input type="checkbox"/> White +Asian	<input type="checkbox"/> Other	
Asian or Asian British.	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other	
Black or Black British.	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other		
Chinese or other ethnic group.....	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other			
Prefer not to answer.....	<input type="checkbox"/> Declined				

CHARGES

There is a flat charge of £10 for adaptations which are fitted in your home. This is regardless of whether it is for a single item, or a package when necessary.
This will be collected by the contractor who does the work for you

Please let us know how you heard about this service

I understand that the adaptations requested may be provided without an assessment of need
 Should I need any further help, I will contact the **Preventative Adaptation Service (PAS)** on
0115 9887209

Signature	Date
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Please return this form to:
 PAS Co-ordinator
 South Nottinghamshire Home Improvement Agency
 Raleigh House
 68-84 Alfreton Road
 Nottingham
 NG7 3NN
 Tel No 0115 9887209
 Fax No 0115 9887290
zoe.bailey@spirita.org.uk
debbie.elliott@spirita.org.uk
 (You need only use 1 e-mail address when returning this referral form)

DATA PROTECTION ACT. Spirita Limited and the South Nottinghamshire Home Improvement Agency will only process your personal data for the purpose of improving the services we provide to you and will hold your information in accordance with the Data Protection Act 1998. All information you give us on this form will only be used in relation to this purpose.
 All information will be treated in the strictest confidence and Spirita Limited will not supply data or information to marketing organisations.

