

Application for Service Form

Note:

- **To be completed by the person applying for a service with EVE.**
- For ease of reading, please fill this form using BLOCK LETTERS.
- It is recommended that you carefully read the enclosed Authorisation Form and Guidelines before filling in this form.
- All application documentation comprising of Authorisation Form, Application Form, Rehabilitation Profile and Confidential Medical Report must be completed before the application can be processed.



Personal Details

Mr / Mrs / Ms (Please Circle One)

Name: _____

Address: _____

Date of Birth: ____/____/____

Phone No: _____

Next of Kin or Person to contact in emergency:

Name: _____

Address: _____

Phone No: _____

What Clinic/Service are you in contact with?

Who is your Consultant? _____

Address: _____

Phone No: _____

Who is your Keyworker (e.g. CMHN, Social

Worker etc)? _____

Phone No: _____

Who is your GP? _____

Phone No: _____

Address: _____

Medical Card No.: _____

What type of Accommodation do you currently live in:

- Own Home
- Parental Home
- Hostel
- Group Home
- Hospital
- Supported Housing
- Other

If other, please describe: _____

Do you live alone?: Yes No

What type of benefit do you receive?

Amount: € _____

PPS No:

Are you registered with FÁS? Yes No

Do you have a Travel Pass? Yes No

If yes, please indicate what type of pass it is:

Restricted Unrestricted

Companion

Educational History

How old were you when you left school? (Age in years): _____

Likes at school? _____

Dislikes at school? _____

Did you pass any exams? Yes No If yes, please tick which exams from the list below:

Primary Group Junior / Inter Leaving 3rd Level

If you attended 3rd level education, please give details: _____

EVE Service History

Have you attended any EVE centre in the past? Yes No

If no, please skip this section

Name of Centre	Dates		Type of Programme e.g. Training, Occupational Services	Reasons for leaving?
	From	To		

Training History with other agencies

Have you attended any other training courses in the past? Yes No

If no, please skip this section

Name of Training Agency e.g. FÁS, NLN, etc.	Name of Course	Dates		Title of any Certification Achieved
		From	To	

Employment History

Please give details of any employment history you have below. (If you have not had a job, please skip this section)

Job Title	Job Duties	Dates		Reason for leaving
		From	To	

Personal Needs

1. What do you hope to get from participating in an EVE centre programme? _____

2. Is there a particular EVE centre that you would prefer to attend? Yes No

If yes, what is its name? _____

3. What types of support do you currently need in your life? _____

4. How have your current difficulties affected your life? _____

5. What has been helpful to you in dealing with these difficulties (e.g. personal strengths / resources, supportive people, etc)? _____

6. Do you have any hobbies/interests? (If yes, please describe) _____

7. Do you currently have any hopes or dreams for the future? (Please describe) _____

8. Is there any other information that you would like to tell us about yourself? _____

Medical Conditions

Do you have any medical condition(s) that it would be important for the service to be aware of (e.g. epilepsy, allergies, diabetes etc.): _____

From the list of Life Domains below, please TICK ✓ the Areas you currently need support with

Daily Living

- Accommodation Support
- Personal Safety
- Independent Living Skills e.g.
 - Budgeting my Money
 - Food Preparation
 - Looking after my Accommodation
- Personal Care
- Using Transport

Interpersonal

- Communicating Effectively e.g.
 - Listening Skills
- Relationships with my Family
- Relationships with Others (incl. making new friends / getting on with others)

Social and Community

- Learning about Community Facilities and Resources
- Using Community Facilities & Resources ..
- Social Welfare Entitlements
- Contributing to my Community
- Working well with (Mental Health or other) Treatment Services

Vocational & Educational

- Discovering what my Talents and Abilities are
- Learning new Skills
- Deciding what I would like to do
- Getting a Job or Training/Education Programme
- Keeping a Job or Training/Education Programme
- Reading & Writing
- Health Education

Leisure & Recreation

- Discovering my Talents
- Getting Involved in Enjoyable Activities
- Expressing myself Creatively e.g. art, music

Physical Well-being

- Exercise & Fitness
- Healthy Eating
- Stamina
- Dental Care
- Medical Treatments
- Complementary Treatments/Therapies
- Drug Awareness
- Using Alcohol Responsibly
- Sensory Functioning e.g. eyesight, hearing

Psychological Well-being

- Feeling Good about myself and Accepting myself
- Learning to be my own Person
- Developing a Sense of Purpose and Meaning
- Staying Motivated
- Taking Responsibility for myself
- Being Confident with Others
- Using my Talents & Abilities Well
- Developing my Coping Skills
- Counselling
- Medical Treatments
- Dealing with Medication side effects

Cognitive

- Developing my Thinking and Problem Solving Skills
- Discovering my Learning Style
- Applying my Learning to New Situations ..
- Developing my Memory
- Developing my Attention Span and Concentration

While EVE may not be able to offer direct support with all the areas of need listed above, EVE's keyworkers can assist service participants to access appropriate supports to address these needs.

Additional Requirements

Do you have any particular requirements that we would need to take into account when we meet with you to talk about your goals and needs e.g. hearing difficulties, mobility problem, cultural or religious requirements?

Would you like to bring someone along to the meeting to discuss your goals and needs?

Yes No

(If yes, please give the name and role e.g. family member, health professional)

Are you free to attend an EVE service between the hours of 9.00am – 4.30pm? Yes No

Are you looking for a full or part time service (Please tick)? Full time Part time

Declaration

I wish to apply to EVE, for a service and give my permission that relevant information/reports may be requested for this purpose. This form may be copied to the relevant Appointed Authority of the Health Service Executive in accordance with the Data Protection Acts (1988/2003).

Signature of Applicant: _____ Date: _____

Please send the completed form to the relevant EVE Centre Manager or to the Applications Manager at EVE, Brú Chaoimhín, Cork Street, Dublin 8.

Thank you for taking the time to fill in this form