

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? \_\_\_\_\_

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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? \_\_\_\_\_

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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?

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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)

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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**