



# Joyce Chevalier Centre ~ Protective Workshop

23 Upper Kinrae Crescent, Fish Hoek 7975

[www.jcCentre.org.za](http://www.jcCentre.org.za)

Telephone: 021-782-2126

Non-Profit No. 000 424

## Application Form

The parent or guardian of the applicant and the applicant should give the information set out below. This may be filled in during the interview.

Details of applicant		Date of application	
Surname			
First name/s			
Date of birth			
Marital status			
Sex			
Address			
Postal code			
Telephone number			
Email address			
Home language			
Identity number			
Disability grant number			
Parents or guardian details		Contact Number	Email
Name			
Relationship			
Name			
Relationship			
Name			
Relationship			

Who is the preferred contact?	Name
<b>Describe the living arrangements of the Student</b>	
Whom does he/she stay with?	
Does he/she have his/her own personal space? Describe?	
What are the expectations on the student at home? Chores, responsibilities?	
Please give any social information that may be relevant.	

<b>Legal</b>	
Is the applicant a permanent resident of RSA?	
Does the applicant receive a grant? Reason if No.	

<b>Medical History</b>	<b>Please supply details if Yes</b>	
What is the diagnosis of the applicant that makes him/her suitable for the workshop?		
Does the applicant suffer from epilepsy?	<b>Yes</b>	<b>No</b>
Please supply relevant information re convulsions/ seizures.		
Is the applicant on medication, contraception or other?	<b>Yes</b>	<b>No</b>
What medication does the applicant take, and how often is it taken? <b>Please note that the JCC may not give medication without an up-to-date prescription (6 monthly).</b>		
Hospital / Clinic and card number/s		
Medical aid name and number; dependency code		
Does the applicant suffer from any other illness or condition? Include allergies and food intolerances.		

Describe the applicants:	
• Hearing	
• Sight	
• Communication	
• Way of moving around	
• Use of hands in activities	
Any relevant details?	

What has the applicant done before applying to JCC?	
Schooling	
Details of schooling	
Work	
Details of previous work situations	

Life skills:				
	No Assistance	Needs Assistance	Cannot Do	Comments
Chores at home				
Handling money				
Tying Shoelaces				
Toileting				
Sanitary care				
Using public transport				

Using a cell phone				
Managing conflict?				
Making friends?				
What does the applicant enjoy doing?				
What does the applicant not enjoy doing?				
What work is the applicant interested in doing?				
Are there any behavioral issues we should be aware of? How are these managed at home?				

Name of person who completed the form: \_\_\_\_\_

*By signing this document:*

- I declare that the information within this document is correct.
- I agree to the applicant being respectfully photographed while attending the workshop and for such photographs to be used to promote the work at the Joyce Chevalier Centre Workshop.
- The applicant understands the application that has been made and is willing to be a part of the Joyce Chevalier Centre.
- The applicant and person signing this document agree to the ethos of the Centre and agree to abide by the policies and procedures of the Centre (and have a copy of the JCC document).

Applicant's signature \_\_\_\_\_

Person who making the application on behalf of the applicant \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Signature \_\_\_\_\_

**Date:** \_\_\_\_\_