

SERVICE USERS APPLICATION FORM

(Likes and Dislikes of Service users)



Are you a family looking for a support worker provider, please fill in the form below

Family Name:

Address:

Phone Number:

Postcode:

Preferred Method of Contact:

Type of Adult care required: Hours required

Service User1

Male

Female

Service User2

Male

Female

Service User3

Male

Female

Special requirements (including allergies and special needs etc)

Expected Pay per hour net £

OR: Expected Pay per week net £

Parent 1 Name:

Parent 2 Name:

Email Address:

Do you have any pets:

Yes

No

If yes, please state
Any special requirements

Do you follow a specific diet?

Yes

No

If yes, please state

Would you object to your support worker- or not - following a specific diet?

Yes

No

Does anyone in your family smoke?

Yes

No

Would you mind if your support worker smoked away from your children?

Yes

No

Is this role suitable for a support worker to bring their service user?

Yes

No

Do you require your support worker to travel with you?

Yes

No