



LITTLE ANGELS HOME APPLICATION

All information is treated as confidential.

Complete this application, attach a copy of the applicants Disability Assessment, ID and Road to Health Card and email it all to Tanya at operations@littleangelshome.co.za

Please take note of the following application requirements:

All applicants need to be 12 years and younger. Once the applicant has been placed into Little Angels Home, it is important to take note of the following age restrictions: Full time care: 0 - 18 years. Once the learner has reached the maximum age, alternative care arrangements need to be made by the parents / guardian. Applicants need to be moderately disabled and wheelchair dependent. Applicants need to be RSA citizens. Little Angels reserves the right of admission.

Please note that Little Angels will request the following information of the parents / guardian, during the assessment of the application:

- 3 Months Bank Statement
- Proof of Address
- Copy of ID's

Please get in touch if you have any questions regarding the application. Should Little Angels be filled up to capacity, the applicant will be placed on a waiting list and the management team will let you know as soon as a spot opens up.

Take note that we are a care facility and not a medical facility.

APPLICANTS DETAILS

e.g person applying on behalf of the learner

Full Name & Surname:	_____	Tel:	_____
Relation to Resident:	_____	Mobile:	_____
Email:	_____	Application Date:	_____

RESIDENTS DETAILS*e.g the learner that would like stay at Little Angels Home*

Full Name & Surname:		RSA ID Number:	
Gender:		Date of Birth:	
Home Language:			
Residential Address:		Postal Address:	
	Code:		Code:

PARENTS / GUARDIANS DETAILS**MOTHER**

Full Name & Surname:		RSA ID Number:	
Marital Status:		Occupation:	
<i>(single/married/divorced)</i>			
Email:		Employer:	
Mobile No:		Work No:	
Residential Address:		Postal Address:	
	Code:		Code:

FATHER

Full Name & Surname:

Marital Status:

(single/married/divorced)

Email:

Mobile No:

Residential Address:

RSA ID Number:

Occupation:

Employer:

Work No:

Postal Address:

Code:

Code:

GUARDIAN

Full Name & Surname:

Marital Status:

(single/married/divorced)

Email:

Mobile No:

Residential Address:

RSA ID Number:

Occupation:

Employer:

Work No:

Postal Address:

Code:

Code:

NEXT OF KIN

Full Name & Surname:

Mobile No:

SIBLINGS IN HOUSEHOLD

Full Names & Surnames:

Date of Birth:

Gender:

1.

1.

1.

2.

2.

2.

3.

3.

3.

4.

4.

4.

5.

5.

5.

MEDICAL HISTORY OF RESIDENT

Medical Aid Name:

Medical Aid Number:

Type of Medical Plan:

Dependant Code:

Main Member:

Main Member ID No:

Description of Disability:

Disability Type:

Is the resident toilet trained

(yes/no):

Is the resident self feeding

(yes/no) :

Is the resident self grooming

(yes/no):

Is the resident wheelchair

bound (yes/no):

Health Conditions

(tick relevant boxes):

Epilepsy

Diabetes

Rheumatic Fever

Seizures

High/low Blood Pressure

Heart Problems

Asthma / Lung Condition

Other

If you ticked any of the boxes above, please describe condition in depth:

Medication Name:

1.
2.
3.
4.
5.

Dosage & times per day taken:

1.
2.
3.
4.
5.

Details of any allergies:

Resident's medical history (any illnesses, operations or surgery): _____

Relevant family medical history: _____

Family Doctor: _____

Contact No: _____

Specialist: _____

Contact No: _____

Psychiatrist: _____

Contact No: _____

Primary Hospital: _____

Contact No: _____

INDEMNITY & CONSENT

Consent Information

From time to time, the centre will require photographs of the residents for publication in the press, annual reports or any other articles published by the centre. All staff members, including interns, working with the residents need to view the information in their folders to assist with their development.

Please make a cross on the relevant box for all scenario's listed below:

- Photographs and/or videos may be taken of my child for in house use for ex. birthday parties, outings, etc.
- Photographs and/or videos may be taken of my child for extrenal use for ex. fundraising articles, press releases and Little Angels website
- My child's name and/or diagnosis may be used with photographs
- My child may be transported by the centre
- All staff may view the contents of my child's folder
- The centre may administer medication (prescribed by the doctor) to my child.
Please do not put medication in the child's case/bag, but hand it to the assistant on the vehicle.

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Indemnity Information

I indemnify and undertake to bring no legal proceedings of whatsoever nature or kind, against the Centre and/or any of its Board of Management Members and/or any of its various Committee Members and/or any of its staff members and/or any beneficiary for all or any claims for damages of whatsoever arising out of injury or loss or harm of whatsoever kind, sustained by reason of the use and/or being on the centre's premises, transport or equipment. I acknowledge that Little Angels Home is not a medical facility, but a care facility (emergency care is provided by contracted EMO's). The Centre only insures its own property. The onus is therefore on the parent/guardian to insure your child.

Full Name & Surname: _____
Signatory Relation to _____
Resident: _____

Date: _____

OFFICE USE

Admission Date:		Comments:	
Centre Manager:			
Signed by:			