

# Westminster School Phab Application Form

Please make sure you fill in all the sections, in as much detail as possible, even if you have attended a course at Westminster School before.

Please return your form by the end of February. We will try to confirm places by the end of April.

First name	
Surname	
Address	
Postcode	

Telephone number	
Your mobile number (if different)	
Email Address	

Date of birth	
School or Centre you attend (if applicable)	
Occupation (if applicable)	

**If applicable, please fill out the following regarding contact details for your primary carer:**

Carer Name	
Mobile Number	
Email Address	

Westminster School does not have complete facilities specifically designed for disabled people, so we need to know in advance the nature and extent of your needs to give you the best care.

Please provide us with as much information as possible to help us meet your needs.

**Medical Information**

What is the nature of your disability?
<div></div> <div></div> <div></div> <div></div>
Do you have any other medical conditions (e.g. diabetes, asthma, epilepsy)?
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Mobility

Are you able to walk unaided?	YES / NO
Do you use crutches or callipers?	YES / NO
Do you use a manual wheelchair?	YES / NO
Do you use an electric wheelchair?	YES / NO
Are you able to transfer from a wheelchair?	YES / NO
Please provide us with any other additional details which may help with your care eg: (I use a walking frame, I have a manual wheelchair for showers but use an electric wheelchair during the day, I can transfer from my wheelchair to a chair but not a low bed)	
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## Using the stairs

Guests and hosts will be sleeping in rooms on the ground, 1<sup>st</sup> and 2<sup>nd</sup> floors of a building without a lift. We try to accommodate the majority of guests who use wheelchairs on the ground floor.

Can you go up and down stairs unaided?	YES / NO
If you need assistance to go up and down stairs, please provide detail, (e.g.: <i>I would need a steady hand supporting me</i> )	
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## Getting Dressed

Can you get dressed unaided?	YES / NO
If you need assistance to get dressed, please provide details (e.g.: <i>I sometimes need help with buttons and fastenings, I need full assistance getting dressed</i> )	
<div><div></div><div></div><div></div><div></div><div></div></div>	

Using the toilet and bathroom

Can you use the toilet and bathroom unaided?	YES / NO
If you need assistance, please provide details (e.g.: <i>I need full assistance, I need help getting into the cubicle, I need help washing my hair</i> )	
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## Eating and drinking

Can you eat and drink without assistance?	YES / NO
If no, what assistance do you need? (e.g: <i>I need my food blended, I like to use a drinking straw for my drinks</i> )	
<div>.....</div> <div>.....</div>	
Do you have any allergies?	YES / NO
If yes, what are you allergic to?	
<div>.....</div> <div>.....</div> <div>.....</div>	
Do you have any other dietary requirements?	YES / NO
Please provide details (e.g: I am diabetic, I am vegetarian)	
<div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>	

Anything else?

Is there anything else we need to know?	YES / NO
Please give details	
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	

## SIGNATURE and DISCLAIMER

By signing below and returning to us your completed application form, you agree to the following. Do please contact us if you wish to discuss anything it says before signing.

Please note that this must be a written, not typed, signature.

### **Please make sure you have attached your current care plan, if you have one.**

Westminster Phab will contact your Doctor to obtain medical information about you and your disability.

Westminster Phab will, at the discretion of its staff, disclose details of your disability and care needs to staff and host carers in order to facilitate your care across Phab week.

You agree to have Westminster School Sixth Form pupils as your primary carers during Phab week. These student volunteers will care under the guidance (but not necessarily the supervision) of a professional and residential nurse as well as experienced residential staff.

We ask you to consent to being lifted in your wheelchair up and down stairs only in the case of an emergency, and only by trained adult staff.

I understand that the course leaders and tutors will take reasonable care of all members throughout Phab week, but that they cannot necessarily be held responsible for any loss, damage, or injury which might arise during the course.

**Signature of Parent/Guardian:** .....

*(If applicant is under 18)*

**Signature of Applicant:**.....

**Date:**.....

**Please return this form as soon as possible to:**

Katie Stone  
Westminster School Phab  
Westminster School  
17 Dean's Yard, London SW1P 3PB

Tel: 020 7963 1000  
Email : phab@westminster.org.uk

Contact by email is preferable. This is not a direct phone number, but will connect you to Westminster School reception where you may leave a message for me to call you back.



## Medical Care Information

To help us make the right care arrangements for you at Westminster School Phab we need your permission to contact your doctor. Please complete the details and sign below.

Medical Centre Name	
Doctor's Name	
Doctor's Address	
Doctor's Postcode	
Doctor's Telephone Number	

I understand that Westminster Phab will contact my Doctor to obtain information about me and my disability.

**Signature of Parent/Guardian:** .....

*(If applicant is under 18)*

**Signature of Applicant:**.....

**Date:**.....

Please note that this must be a written, not typed, signature; otherwise, your doctor will not release your information to us, and you will not be able to attend the course.