

YES

NO

YES

NO



Work ready	Υ	N		Suppor	t required	I Y	N		Bre	nt support req	Υ	N	
					ated time								
Decant	Υ	N		=	red to be					Respite	Y	N	
				dec	canted								
Additional info	orma	ation	ı: 										
Name:					Date:								
Address:							Nun	nber	of bedr	ooms:			
Leaseholder:	Υ	es		ı	No		Ten	ante	d:	Yes	ı	No	
Contact No's	•						Alte	rnat	ive cont	act numbers:	•		
Email address:							Mai	n me	ethod of	communication	on:		
						1.0							
(5)						alth Is					1 66 .		
(Please State) A	_			·=		=				=			
works or your h	nealt	h wh	ile t	the works	are being	carrie	d out	with	nin your	home to all m	embers o	of the	e
household.													
				Fam	ily memb	ers wit	thin y	our	home				
Total number o	of far	nily											
members withi	n th	e .											
household													
Age groups wit	hin t	he			Under								
household				AGE	16	17-24	2	5-35	36-	55 56-74	75+		
						Pets						<u> </u>	
Dogs	Dogs Cats: Other Pets:												
Ü													
Hearing Loss								1					
Partia	al		Fully Use of a Hearing Aid										
Yes		Ю		YES NO			Yes NO						
Visually impa		_	1.25 1.65 1.65										
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Mobility ass	sistance									
St				Frame	Disa	bility Sco	oter	Wheelchair		
YES	NO	NO YES			YES	NO		YES	NO	
Any other in	nformation									
Allergies (Please State)										
Long Term Illness (Please State)										
Learning Di	sabilities (P	lease Sta	te)							
Other Healt	h issues (Pl	ease Stat	e)							
				Work Co	mmitmen	its				
Full Time		Part Time Shift Work (specify Night/Day/Other) Work from home				ome				
Yes	No	Yes		No	Yes		No	Yes	No	
Would you then require the use of a desk within the respite area?				Yes	No					
Please provide any further information										
	Holic	lays/ Rel	igious	s Festival y	ou would	like us to	be awar	e of.		
Yes		No				Dates:				
				Willing t	o Leave K	ey				
Yes		No	T							
Key safe required	Y	es		No						
Spare keys to be supplied	Y	Yes		No						
				Scho	ool Runs					
Morning										
Times										
Afternoon										
Timos										





Any further information

Condition	n of rooms
Bedroom 1	Bedroom 2
Floor Covering:	Floor covering:
Walls and Ceiling Covering	Walls Ceiling Covering:
Basic room layout/MUST - include a photograph	Basic room layout/MUST - include a photograph
Radiator present Yes / No Location of radiator	Radiator present Yes / No Location of radiator
Does the radiator need to be removed for the works? Yes / No	Does the radiator need to be removed for the works? Yes / No
Existing pipe work layout	Existing pipe work layout





Information	Information
Bedroom 3	Living Room
Floor Covering:	Floor covering:
Walls and Ceiling Covering	Walls and Ceiling Covering:
Basic room layout/MUST - include a photograph	Basic room layout/MUST - include a photograph
Radiator present Yes / No	Radiator present Yes / No
Location of radiator	Location of radiator
Does the radiator need to be removed for the works?	Does the radiator need to be removed for the works?
Yes / No	Yes / No
Existing pipe work layout	Existing pipe work layout





Items present in the room and additional Information	Items present in the room and additional Information
Hallway	Hallway Cupboard
Floor Covering:	Floor covering:
Walls and Ceiling Covering	Walls and Ceiling Covering:
Basic room layout/MUST - include a photograph	Items stored within the cupboard/MUST - include a photograph
Radiator present Yes / No	Additional Information
Location of radiator	
Does the radiator need to be removed for the works?	
Yes / No	





Existing pipe work layout	Existing pipe wo		
Kitchen	Bathroom	Yes	No
Floor Covering:	Floor Covering:		
Walls and Ceiling Covering	Walls and Ceilin	g Covering	
Basic room layout/MUST - include a photograph	Basic room layo	ut/MUST - include	e a photograph
Radiator present	Radiator presen	t	
Yes / No	Yes / No		
Location of radiator	Location of radia	ator	
Does the radiator need to be removed for the works?	Does the radiato works?	or need to be rem	oved for the
Yes / No	Yes / No		
Number of kitchen /MUST - include a photograph	Bath/MUST - inc	clude a photograp	h
	bath size		





	Basin present ?	Yes	No
Cooker type	Basin type?		I
Electric			
Gas			
Existing pipe work layout	Existing pipe wo	rk layout	
Others	WC Sonarata	Yes	No
Others	WC - Separate Floor Covering:	res	NO
	Walls and Ceiling	g Covering	
	Basic room layou	ut/MUST - include	e a photograph





	Radiator present Yes / No		
	Location of radia	tor	
	Does the radiator works?	r need to be ren	noved for the
	Yes / No		
	Basin present?	Yes	No
	Basin type?		
	Existing pipe wor	k lavout	
		,	
D. II	Boiler information		
Boiler type	Boilers make		
	Model		
Boiler position	Boiler require rep	olacing	
Additional Actions required to enab	le access to work area:		
Support required:			
Assistance required:			





Visit and Survey Carried out by:

Name 1:
Name 2:
Witnessed by: Resident Name:
Resident Signature:
Date: