

## Expression of interest form (CONFIDENTIAL)

### IMPORTANT INFORMATION

This document has been designed to gather information from individuals who wish to express an interest in a placement at The Meath Epilepsy Charity. This is NOT a guarantee of placement or a waiting list.

All Expression of Interest forms will be stored and remain with senior management until 31st July. The system will automatically delete the form after 1 year if no placement is offered. Please note that you will need to update and resubmit your expression of interest annually.

You will need to go through the virtual tour on the website before you complete your application in order to identify what service you feel is best suited to the individual and where you would like the placement to be considered.

Please give a detailed, clear and accurate account as possible. The information that you provide will enable us to select the best option for you/the person on whose you behalf you are making this enquiry.

*This information will be kept in the strictest confidence and will only be used as a part of the assessment of suitability and subsequent care plans if a placement is offered at The Meath.*

*Only authorised people will have access to this information.*

Name of person expressing interest	Name of the person the placement is for	Relationship to individual for consideration of placement	Contact details Email/Mobile/Land line

<p><b>After watching the virtual tour</b></p> <p><b>What services are you interested in? please list top 3 and why</b></p>	
<p><b>Why are you interested in a placement at The Meath?</b></p>	

**PERSONAL INFORMATION**

<b>Full name</b>												
<b>D.O.B</b>	<b>AGE:-</b>											
<b>CURRENT ADDRESS and/or PROVIDER NAME</b>												
<b>Date of end of placement (if applicable)</b>												
<b>Family members and important relationships</b>												
<b>Physical description</b>	<table border="1"> <tr> <td><b>Eye Colour</b></td> <td></td> </tr> <tr> <td><b>Hair Colour</b></td> <td></td> </tr> <tr> <td><b>Height</b></td> <td></td> </tr> <tr> <td><b>Weight</b></td> <td></td> </tr> <tr> <td><b>Distinguishing marks:</b></td> <td></td> </tr> </table>		<b>Eye Colour</b>		<b>Hair Colour</b>		<b>Height</b>		<b>Weight</b>		<b>Distinguishing marks:</b>	
<b>Eye Colour</b>												
<b>Hair Colour</b>												
<b>Height</b>												
<b>Weight</b>												
<b>Distinguishing marks:</b>												
<b>Religion and religious beliefs</b>												
<b>Next of Kin</b>	<b>Name:</b>  <b>Address:</b>  <b>Relationship:</b>											

**MEDICAL / PSYCHOLOGICAL**

<b>HEADING</b>	<b>INFORMATION / DESCRIPTION</b>
<b>Brief History</b>	
<b>Full Diagnosis</b>	

<p><b>EPILEPSY?</b> (type, length, pattern etc)</p> <p>Including consultant and protocol information</p>	
<p><b>MEDICATION</b> Including dosage, time and PRN</p>	
<p><b>Psychological needs, including behaviour exhibited and anxiety support requirement</b></p>	
<p><b>SENSORY NEEDS</b></p>	
<p><b>TRIGGERS OF ANXIETY</b></p> <p>including behaviour displayed when anxious</p>	

<b>DIETARY NEEDS</b>	
<b>BOWEL &amp; CONTINENCE NEEDS</b>	
<b>MOBILITY</b>	
<b>MOBILITY EQUIPMENT NEEDS</b> Information regarding what would be needed and wheelchair	
<b>COMMUNICATION</b>	

<b>Any other information</b>	