INITIAL ENQUIRY

Date __/__/__	Client Name	Phone Number
Address For Brochure		
Name of Social Worker/ O.T./ C.P.N / Funders		Type of funding if known

Wheelchair User YES❑ NO❑	Epileptic YES❑ NO❑ Diabetic YES❑ NO❑	Date of Visit agreed
Staff Initials	Any other relevant Information	Date if changed

LOOK AROUND

Date __/__/__	Staff Member involved	**Client Interested in :-** **VARIOUS / CRAFTS / WOODWORK / TURNING IT / OTHER _____**

Day of look around		
	Application given	YES❑ NO❑
	Brochure given	YES❑ NO❑
	Taster Day Booked	YES❑ NO❑
	Will client attend with a carer	YES❑ NO❑

If NO taster booked. Give reason given here:-

TASTER DAY

Day			
	Application Received		YES❑ NO❑
	if NO then new one completed		YES❑ NO❑
Date __/__/__	Health & Safety leaflet given		YES❑ NO❑
	Fire Regulations explained		YES❑ NO❑
Staff Name		Transport	Home Contact

Other information

START AGREED YES❑ NO❑ DATE ___/___/___

Please put a note in the office diary noting start date.