

# Application for Australian Disability Enterprises (ADE)

OP036, Version 3

10 January 2018



Surname of Applicant	_____		
Given Names	_____	Gender	<input type="checkbox"/> Male
Date of Birth	_____		<input type="checkbox"/> Female
Address	_____		
	_____	Postcode	_____
Phone No.	Home _____	Mobile	_____
Email	_____		
Country of Birth	_____		
Residency	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Australian Resident	
	<input type="checkbox"/> Temporary Protection	<input type="checkbox"/> Temporary Resident	
Primary Language	_____	Interpreter Required?	_____
Marital Status	_____		
Is the applicant	<input type="checkbox"/> Australian Aboriginal	<input type="checkbox"/> Neither	
	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	
Guardianship Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Under Public Trustee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Pension	_____		
Pension No. (CRN) (Centrelink reference number)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Other Allowances	_____		
Medicare No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Applicant Referred By	_____		
Type of Disability	_____		

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## Communication Method

- Little or no communication
- Sign Language (eg Auslan)
- Other non-spoken communication
- Spoken Language (Effective)

## Next of Kin

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Accommodation

Applicant lives independently  Yes  No

Application Resides with

Mother \_\_\_\_\_

Father \_\_\_\_\_

Spouse \_\_\_\_\_

Other \_\_\_\_\_

## Residential Setting

- |                                  |                          |                                 |                          |
|----------------------------------|--------------------------|---------------------------------|--------------------------|
| Private Residence                | <input type="checkbox"/> | Indigenous Community            | <input type="checkbox"/> |
| Supported Accommodation Facility | <input type="checkbox"/> | Domestic Scale – Supported      | <input type="checkbox"/> |
| Boarding House / Private Hotel   | <input type="checkbox"/> | Retirement Village              | <input type="checkbox"/> |
| Mental Health Facility           | <input type="checkbox"/> | Hospital                        | <input type="checkbox"/> |
| Short Term Crisis/ Emergency     | <input type="checkbox"/> | Public Place/ Temporary Shelter | <input type="checkbox"/> |
| Other                            | <input type="checkbox"/> |                                 |                          |

## Self Care

- |                                |                          |                                 |                          |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| Always need help/ Unable to do | <input type="checkbox"/> | Does not need help – uses aides | <input type="checkbox"/> |
| Sometimes needs help           | <input type="checkbox"/> | Does not need help – no aides   | <input type="checkbox"/> |
| Not known                      | <input type="checkbox"/> |                                 |                          |

## Mobility

- |                                |                          |                                 |                          |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| Always need help/ Unable to do | <input type="checkbox"/> | Does not need help – uses aides | <input type="checkbox"/> |
| Sometimes needs help           | <input type="checkbox"/> | Does not need help – no aides   | <input type="checkbox"/> |
| Not known                      | <input type="checkbox"/> |                                 |                          |

## Communication

- |                                |                          |                                 |                          |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| Always need help/ Unable to do | <input type="checkbox"/> | Does not need help – uses aides | <input type="checkbox"/> |
| Sometimes needs help           | <input type="checkbox"/> | Does not need help – no aides   | <input type="checkbox"/> |
| Not known                      | <input type="checkbox"/> |                                 |                          |

## Interpersonal Interaction & Relationships

- |                                |                          |                                 |                          |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| Always need help/ Unable to do | <input type="checkbox"/> | Does not need help – uses aides | <input type="checkbox"/> |
| Sometimes needs help           | <input type="checkbox"/> | Does not need help – no aides   | <input type="checkbox"/> |
| Not known                      | <input type="checkbox"/> |                                 |                          |

## Learning, Applying Knowledge and General Tasks

- |                                |                          |                                 |                          |
|--------------------------------|--------------------------|---------------------------------|--------------------------|
| Always need help/ Unable to do | <input type="checkbox"/> | Does not need help – uses aides | <input type="checkbox"/> |
| Sometimes needs help           | <input type="checkbox"/> | Does not need help – no aides   | <input type="checkbox"/> |
| Not known                      | <input type="checkbox"/> |                                 |                          |

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<b>Education</b>			
Always need help/ Unable to do	<input type="checkbox"/>	Does not need help – uses aides	<input type="checkbox"/>
Sometimes needs help	<input type="checkbox"/>	Does not need help – no aides	<input type="checkbox"/>
Not known	<input type="checkbox"/>		

<b>Community and Economic Life</b>			
Always need help/ Unable to do	<input type="checkbox"/>	Does not need help – uses aides	<input type="checkbox"/>
Sometimes needs help	<input type="checkbox"/>	Does not need help – no aides	<input type="checkbox"/>
Not known	<input type="checkbox"/>		

<b>Domestic Life</b>			
Always need help/ Unable to do	<input type="checkbox"/>	Does not need help – uses aides	<input type="checkbox"/>
Sometimes needs help	<input type="checkbox"/>	Does not need help – no aides	<input type="checkbox"/>
Not known	<input type="checkbox"/>		

<b>Working</b>			
Always need help/ Unable to do	<input type="checkbox"/>	Does not need help – uses aides	<input type="checkbox"/>
Sometimes needs help	<input type="checkbox"/>	Does not need help – no aides	<input type="checkbox"/>
Not known	<input type="checkbox"/>		

<b>Other Agencies / Services Accessed</b>	<b>Contact Person</b>
_____	_____
_____	_____
_____	_____
_____	_____

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<b>Educational History</b>	
Schools Attended	Reason for Leaving
_____	_____
_____	_____
Work Experience While At School	
_____	

<b>Employment</b>			
Previous Employment (paid or unpaid)			
Place of Work	Dates (To-From)	Reason for Leaving	Type of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Work Related Qualifications, Skills &amp; Attributes</b>
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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## References

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## Employment Goal

Full Time

Part Time

Type of work the applicant prefers

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Type of work or hobbies/interests that the applicant enjoys

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Observation of the kinds of work that the applicant prefers (if applicable)

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Observations of social situations that the applicant prefers (if applicable)

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**Future Planning** (If your application is successful, who would you like to be involved in the Employment Assistance Planning?)

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**Health** (Are there any physical or health restrictions that may restrict the applicant carrying out duties associated with HPA Incorporated's ADE?  Yes  No)

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Communication \_\_\_\_\_

Physical \_\_\_\_\_

Other \_\_\_\_\_

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<b>Medication</b>		
Does the applicant currently take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the applicant independently taking medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Allergies</b>		
Does the application have any known allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
<hr/>		
<hr/>		
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<b>Details of Person Completing This Application</b>	
First Name _____	Last Name _____
Relationship to Applicant _____	
<hr/>	
Signature	Date

<b>OFFICE USE ONLY</b>	
First Name _____	Last Name _____
Relationship to Applicant _____	
<hr/>	
Signature	Date