



**THE RICHMOND FELLOWSHIP SOCIETY (INDIA)  
BANGALORE BRANCH**

**‘CHETANA’, DAY CARE CENTRE WITH VOCATIONAL TRAINING**

No.40-1/4, 6<sup>th</sup> Cross, Vajpeyam Gardens, Ashoknagar, BSK I Stage, Bangalore-560 050

**Ph. No. 080-26676134**

**Email: chetana@rfsbangalore.ngo**

**President: Mr. Chandrasekhar. B**

**Secretary & CEO: Dr. H.S. Aditya**

Attach 2 Photographs (Postcard –1 and Stamp size-1)

**CONFIDENTIAL**

**APPLICATION FOR ADMISSION**

Form should be complete and written in block letters. Completed form should be sent directly to the In-charge, at the Day Care Centre’s office.

**PERSONAL DATA**

Name: Mr./Mrs./Ms.....Father’s name.....

Residence Address.....

.....Ph: .....

Blood Group.....Monthly family income Rs.....

Date of Birth.....Age.....Marital Status.....

Religion.....Languages known.....

Educational Qualification (State other courses taken also).....

Name and address of parents (if different from above).....

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Mobile No.....Telephone No.....

Name and Address of another local person for contact.....

.....Relationship with the patient.....

Mobile No.....Telephone No.....

Name and address of Psychiatrist/Psychiatric social worker/Psychologist who has close contact

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Mobile No.....Telephone No.....

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**FAMILY DATA**

Mother’s Age..... (if deceased, when)  
 .....Occupation.....  
 Father’s Age..... (if deceased, when)  
 .....Occupation.....  
 No. of siblings (ages and any relevant information) .....  
 .....  
 Spouse’s Age..... Occupation.....  
 Children (ages, occupation and address) .....  
 .....  
 Any known history of Mental Illness in the family.....  
 If yes, in whom?.....  
 Diagnosis, Treatment given.....  
 Current State.....

**PREVIOUS WORK RECORD**

If employed, duration..... Designation.....  
 Address.....  
 Nature of work.....  
 ..... Salary Rs..... per month  
 If unemployed, duration.....  
 Ability of work.....  
 Steps taken for re-employment.....  
 Other special interests’ hobbies or aptitudes (State those which can be utilized during Vocational Training) .....  
 .....

**SOCIAL HISTORY**

Family History (pattern of relationship within the family, etc.,)

Work History (present situations, difficulties, motivation levels)

Other relevant details:

Areas for therapeutic intervention (please tick off areas suggested)

- 1. Personal Hygiene
- 2. Interpersonal Relationships
- 3. Social Skills
- 4. Money Management
- 5. Work Habits
- 6. Leisure Activities
- 7. Time Management
- 8. Crisis Management Skills (emergencies, dangers, etc.)
- 9. Any other

Please give social history including: - Family background and relationship within the family, work history, present situation, difficulties and motivation. Also provide or attach the following, if available: **COURT and SOCIAL ENQUIRY REPORT, PSYCHIATRIST'S REPORT, PSYCHOLOGIST'S REPORT, EDUCATIONAL ASSESSMENT AND MEDICAL REPORT IF RELEVANT.**

**PSYCHIATRIC DATA**

(to be filled by psychiatrist)

Last / present hospital (in or out-patient with Hospital No) .....

Most recent hospitalization (state duration and treatment given) .....

Name of the Consultant..... Total Duration of illness.....

Brief history of illness, covering current symptoms.....

Diagnosis.....

- 1. Any history of alcohol and or drug abuse and if so, is the present psychiatric illness related to the above?
- 2. Is the individual still abusing alcohol/drugs?
- 3. Any history of
  - (a) Mental retardation
  - (b) Epilepsy
  - (c) Attempted suicide
  - (d) Psychopathic tendencies – Past & Present

Present Medication.....

(precautions/side effects to be observed) .....

Any other relevant information.....

Mr./Mrs./Ms.....has been under my treatment since.....Months/Years.

I recommend that this client be admitted to the Day Care Centre and I am willing to take care of the person’s follow up and advice on medication. He/She should meet me for Consultation once in ..... weeks / months.

Name in Block Letters.....

Address.....

.....Ph. No.....

Mobile No.....Email.....

Signature of Psychiatrist

Date.....

**DECLARATION OF UNDERSTANDING AND ACCEPTANCE OF THE CONDITIONS PERTAINING TO THE ADMISSION TO THE DAY CARE CENTRE (TO BE SIGNED BY PARENT AND LOCAL GUARDIAN IF THE FORMER DOES NOT RESIDE IN BANGALORE):**

1. The fact that the client is temporarily in the care of Day Care Centre offers no protection in law. Criminal acts including attempted or actual suicide while as a client are subject to legal action and the Centre accept no responsibility in this connection.
2. In the event of the client walking out without permission or “missing” from the Day Care Centre, the Centre will inform the family/guardian by the quickest available means.
3. The duration of the training will be for a period of one year. Requests for an extension may be granted by the Committee if considered appropriate.
4. Clients are required to follow all the General Rules and Regulations of the Day Care Centre and in particular to refrain from violence whether to self or others and property, use of drugs other than those duly prescribed and engaging in sexual activities in the Centre.
5. The client will have to make his/her own arrangement for lunch and transportation to and from the Day Care Centre.
6. Please also see enclosure to the application.

We have read and understand the above conditions of acceptance and hereby confirm that we will comply.

Signature of Applicant seeking admission

Name & Signature of Parent/Guardian

Date:

Date:

Remarks of Admission Committee:

Signature

1.

2.

3.

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4.