



<b>St. Michael's House Home Sharing</b>
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### Host Family Short Breaks Application Form

Particulars of Applicant (s) (block capitals)

	Applicant 1	Applicant 2
<b>Surname</b>		
<b>First Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Tel Number</b>	(work)	(home)
<b>Previous Address</b> <small>(within the last 10 years)</small>		
<b>Occupation</b>		

Household Composition (please include all members)

Name	D.O.B.	Occupation/school	Relationship to applicant

<b>Where did you hear about hosting a person with a learning disability?</b>		
<b>Whose idea was it to apply?</b>		
	<b>Yes</b> (✓)	<b>No</b> (✓)
<b>Has the possibility of becoming a host family been discussed with <u>all</u> the household members?</b>		
<b>State the views of all the household members about applying to be a potential host family</b>		
<b>Please give details of any experience of learning disability</b>		
<b>Please give details of any childcare experience</b>		

- (a). Please outline accommodation e.g. *3 bedroom, 2 story semi-detached, 3<sup>rd</sup> bedroom is a spare room with access to downstairs bathroom.*
- (b). Please state if child will have access to own bedroom and bathroom facilities?
- (c). Is accommodation wheelchair accessible?

**References**

Applicant (s) should be well known to referees, but should not be related

- Medical references are sought
- Garda clearance is required
- Local Health Boards are contacted

**Referee 1**

Name		Tel number	
Address		Occupation	

**Referee 2**

Name		Tel number	
Address		Occupation	

**Referee 3**

Name		Tel number	
Address		Occupation	

**Family Doctor (have you changed your GP in last 10 years? - Yes/No)**

Name		Tel number	
Address			

**Local Garda Station**

Name		Tel number	
Address			

**Local Health Board**

Name		Tel number	
Address			

Social Work departments are contacted in order to establish whether they have been in contact with your family and, if so, what is the context of this contact. If you have any queries surrounding this do not hesitate to contact this office.

**Consents**

I/we, hereby give consent to have confidential enquiries made by the Social Work department concerning this application to the referees named above and to my family doctor. I also give my consent to the Social Work department to make confidential enquiries to the Gardai and to the Health Board to establish the presence/absence of any child welfare/protection concerns.

Signed		Date	
Signed		Date	
Witness		Witness	

Please return completed form to:

**Name** Fidelma Kelly  
**Title** Team Leader  
**Address** Social Work Department  
 St. Michael's House  
 Adare Green  
 Coolock  
 Dublin 17  
**Tel** 01 8770550

Please note that Garda Clearance must be sought for every adult (over 18yrs) who resides at your address. Consent forms for Garda Clearance will be issued to you in due course.

Thank you for your application.