

The Blossom Charity Development Award

Firstly, we like to ask where you are now in your life, circumstances, and how you feel, so we can get to know you better. This will enable us to help you in a more personal way, making sure you can get the most out of this experience. We will also ask you to complete a post evaluation form at the end of your course, so we can clearly see the changes you've made.

Secondly, the majority of the courses we run are funded by grants. When applying for grants we use this data to help express what we do. When grants are awarded, data is used to help keep the funders up-to-date, and targets are used to show the rate of success. All data we use will be anonymous and we promise not to share your personal information with third parties.

Application Form

Name:.....

Address:.....

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Contact Numbers: Home..... Mobile.....

Email address:.....

Date of Birth: Age:.....

1. Current employment status:

Full time Part Time Self Employed Retired Unemployed
Carer Voluntary Worker Student

2. Income band £0 - £11,850 £11,851 - £46,350 £46,351, £150,000
over £150,000

3. How did you hear about The Blossom Charity and Dream On?

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4. Tell us a bit about yourself...

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5. How do you feel about yourself?

Please answer the following statement giving a scoring out of 10, 1 poor, 5 average, 10 excellent.

Self Expression

To what extent do you feel you express your own personality, feelings or ideas, through speech, art or self image?

1 2 3 4 5 6 7 8 9 10

Self Confidence

To what extent do you feel confidence in your ability, judgement and power?

1 2 3 4 5 6 7 8 9 10

How confident do you feel you can achieve your future goals?

1 2 3 4 5 6 7 8 9 10

Stress Management

How well do you cope with stress and have strategies to manage your stress levels?

1 2 3 4 5 6 7 8 9 10

Well-being

I understand who I am and how to be my best self

1 2 3 4 5 6 7 8 9 10

I have the skills to solve problems

1 2 3 4 5 6 7 8 9 10

Generally, how fit and well do you feel?

1 2 3 4 5 6 7 8 9 10

Assertiveness

To what extent do you feel you can be assertive?

1 2 3 4 5 6 7 8 9 10

Interaction

What level of interaction do you feel you have with others on a weekly basis?

1 2 3 4 5 6 7 8 9 10

Thinking about where you live how involved do you feel with the local community.

1 2 3 4 5 6 7 8 9 10

6. What change would you like to make in your life and why?

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7. How do you think a Blossom Development award will help you make the changes you want to make?

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8. Right now what do you feel is stopping or preventing you from achieving your goals and moving on?

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9. Is there anything you are nervous or concerned about in starting this programme and why?

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10. Is there anything you are excited about in starting this programme and why?

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11. What would you like to happen over the next 6 months?

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12. Is there anything in your life that may affect or impact on the time and commitment you can give?

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In order to ensure that you are safe at all times when working with us we need to have some information about your health and wellbeing.

13. Are you being treated for any medical condition? Yes / No

14. If yes, please provide details:

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15. Please provide details of any medication being taken in respect of the conditions disclosed above.

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16. Please provide details of your doctors name, address and telephone number. (Please note we will NOT contact your doctor unless specifically directed and agreed by you).

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17. Please provide the name and contact details of the person we should contact in case of emergency.

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18. In order to comply with the data protection regulation we require you to confirm by ticking the box that you are happy for us to contact you by phone, email or letter.

Phone

Email

Letter

19. As a charity we do apply and receive grants from various sources. As part of the application for, and the receipt of grants we are required to keep data on any income related benefits received by our clients. If you are on income related benefits please let us know. This information is confidential and would not be passed onto any third party.

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Thank you for taking the time to complete this form.

Please return the completed form to:
Dream On
13 Compton House,
Castle Street, Eye, Suffolk, IP23 7AN
cheryl@dream-on.co.uk

For help or further information please contact the studio on **01379 678483**