

## For Learning Disabilities

working in partnership with



### For Office Use Only:

CWLD Ref. No: .....

Area  
(East or West): .....

Date Entered:     /     / .....

Date of First  
Contact:     /     / .....

Date  
Referred:     /     / .....

## Sign Up Form



**Name:**

**Address:**

  
  
  
  

**Postcode:**



**Telephone:**



**Mobile:**

**How would you like  
to be contacted:**



**What time?:**



**Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Sex:**



**Do you already have voluntary work?**



**If yes, what?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your interests and goals?**



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What skills do you have?**



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What new skills would you like to learn?**



Four horizontal dashed lines for writing.

**What would be your ideal job?**



Two horizontal dashed lines for writing.

**Would you be interested in self employment?**



Four response options: a checkmark, an empty square box, a large 'X', and another empty square box.

**What do we need to know about you to help keep you healthy and safe?**



Four horizontal dashed lines for writing.

**Is there anything else that you would like to tell us about yourself?**



.....  
.....  
.....  
.....



**Signature:**

.....



**Dated:**

/ /  
.....



**Please return your completed form to:**

**Cornwall People First  
The Lescudjack Centre Penmere Close  
Penzance Cornwall TR18 3PE**



**If you would like help filling in this form  
please call:**

**01736 334857**

**Initial Appointment details:**

**Meeting arranged with Job Coach:** .....

**Delivery partner:** .....

**At (venue):** .....

**On (date):** / / **At (time):** ..... **am/pm**