



Borough of Poole Adult Placement Scheme for adults with learning disabilities

INITIAL CONTACT FORM

1st Applicant name _____ **Date of Birth** ____ / ____ / ____

2nd Applicant name _____ **Date of Birth** ____ / ____ / ____

Ethnicity _____

(Asian/British Bangladeshi, Asian/British Indian, Asian/British Other, Asian/British Pakistani, Black/British African, Black/British Caribbean, Black/British Other, Chinese, Mixed – White Asian, Mixed White/Black African, Mixed White/Black, Caribbean, not stated, other mixed background, other ethnic group, not specified, White any other, White British, White Irish)

Address _____

Telephone number: Daytime _____ Evening _____

How you heard about the scheme _____

Any other comments _____

For Staff use only

Agreed action _____

Telephone call received by _____