



8 Lykavitos Avenue
2334, Lakatamia
Nicosia, Cyprus
Tel:+35722264046
Fax:+35722254046
Email: contact@toxotisfoundation.o
www.toxotisfoundation.org

R.N.:

Membership Application

We would kindly request that you complete and return the below form, along with a copy of the Candidate Member's diagnosis and a health certificate from your personal doctor.

General Information

Date of Application: _____ Candidate Member's Diagnosis: _____

Candidate Member's Information

Surname: _____ Name: _____ Middle Name: _____

Address: _____ Town: _____

Post Code: _____

Date of Birth: _____ Gender: Male Female

Identity Card Number: _____

Contact Details:

Phone Number/s: _____

Nationality / Religion:* _____



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First Language: Greek English Other Note: _____

Communication: Oral Gestures Speaking Semantic

*The particular information is purely being requested for the purposes of appropriately treating our members, based on their customs and traditions, as well as their families'. Such information will be processed under strict confidentiality by Toxotis' management and staff and will not in any way lead to discrimination of any of our Members.

Family – Contacts

Father's Name

Surname: _____ Name: _____

Address: _____ Town: _____

Post Code: _____

Contact Details:

Phone Number/s: _____

Email Address: _____

Profession: _____



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Mother's Name

Surname: _____ Name: _____

Address: _____ Town: _____

Post Code: _____

Contact Details:

Phone Number/s: _____

Email Address: _____

Profession: _____

Name of emergency contact other than of the parent / guardian (optional fields)**

Surname: _____ Name: _____

Relationship with the Candidate Member: _____

Contact Details:

Phone Number/s: _____



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**It is crucial, for the safety of the members, that our lead coordinator is informed in advance in case someone other than their parents / guardians declared in this form will pick-them up. The lead coordinator should be provided with the details of the particular person in advance and that person should additionally be able to prove his/her identity at his/her arrival, via any document to also include a photo of him/her.

Education / Employment / Activities of the Candidate Member

Education (Schools of Study)

Name of School	1.	_____
	2.	_____
	3.	_____
	4.	_____
Town	1.	_____
	2.	_____
	3.	_____
	4.	_____
Period of studying (since - until)	1.	_____
	2.	_____
	3.	_____
	4.	_____
Degree of Education	1.	_____
	2.	_____
	3.	_____
	4.	_____



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Existing services the Candidate Member is receiving (including accommodation, professional guidance, practical work, care at home)

Date of the commencement of the services

1. _____
2. _____
3. _____
4. _____

Type of services

1. _____
2. _____
3. _____
4. _____

Organization offering the services

1. _____
2. _____
3. _____
4. _____

Existing Employment of the Candidate Member

Name of employer

1. _____
2. _____
3. _____
4. _____

Position title

1. _____
2. _____
3. _____
4. _____

Dates of employment from-until

1. _____
2. _____
3. _____



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	4.	<hr/>
Area	1.	<hr/>
	2.	<hr/>
	3.	<hr/>
	4.	<hr/>

Previous Employment of the Candidate Member

Name of employer	1.	<hr/>
	2.	<hr/>
	3.	<hr/>
	4.	<hr/>

Position title	1.	<hr/>
	2.	<hr/>
	3.	<hr/>
	4.	<hr/>

Dates of employment from-until	1.	<hr/>
	2.	<hr/>
	3.	<hr/>
	4.	<hr/>

Area	1.	<hr/>
	2.	<hr/>
	3.	<hr/>
	4.	<hr/>



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Medical Details of the Candidate Member

Basic Doctor

Surname: _____ Name: _____

Address: _____ Town: _____

Post Code: _____

Contact Details:

Phone Number/s: _____

Email Address: _____

Please inform us for any other doctor that is involved and / or looks after the Candidate Member (i.e. psychologist, psychiatrist, speech therapist etc.):

Current health state / diagnosis:

Allergies (food, medicine, other):



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Does the Candidate Member require regular or occasional medical treatment? If yes, please specify:

Epilepsy? No Yes – Please Define

Hearing Problems? No Yes – Please Define

Additional comments for the Candidate Member's state of health:

In the case of an emergency health incident, we will follow the procedure indicated on the following form we provide you "Response plan in the case of an emergency health incident"

Transportation of the Candidate Member

Select what is applicable



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- Independently uses the bus/a taxi
- Transportation by family/friends
- Drives independently (car/motorbike/bicycle)
- Transportation offered by an organization (home service)
- Other: _____

Additional Comments: _____

Mental Care

Description of the Candidate Member's involvement in other activities (entertaining, educational etc.):

Description of Candidate Member's ability to take decisions:

Description of any significant behavior of the Candidate Member to be aware of:



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Interactions of the Candidate Member

Describe how the Candidate Member interacts with other individuals:

Describe the best possible way of interacting with the Candidate Member:

Describe things that the Candidate Member enjoys and incentives that may possibly trigger the Candidate Member:

Independent use of the toilet: No Yes

If No, please describe the kind of assistance the Candidate Member needs:

Describe any other sort of assistance the Candidate Member might possibly need:



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Has the Candidate Member ever been convicted for any criminal offense (other than orbital violations)?

No Yes – Please Define

Please provide us with any documentation that we require, as per this application form, to check and for evidence purposes. This application will only be considered complete when all necessary documentation is provided to our Lead Coordinator. Please liaise with her for any clarifications and/or assistance (ClaireL@toxotisfoundation.org - 22 264 046).

Confirmation

I confirm that all of the above information that I have stated is, to the best of my knowledge and abilities, correct and complete.

Name of Parent / Guardian: _____

Signature: _____

Date: _____



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Approval / Rejection of the Application and relevant Comments

(To be completed only by the Lead Coordinator of Toxotis – Mrs. Claire Lontou and the Management)

1st Stage:

Following the above details, as well as the personal meeting of the Lead Coordinator with the Candidate Member and his/her Parents / Guardians, this Application has:

TEMPORARILY BEEN ACCEPTED by Toxotis:

(Signature of Lead Coordinator – Claire Lontou)

If this Application has been accepted at this stage, then that means that the Candidate Member will be able to join Toxotis' team for a trial period of 1 month, so that a final decision will be made for either permanent approval or rejection.

BEEN REJECTED by Toxotis:

(Signature of Lead Coordinator – Claire Lontou)

(Signature of Director – Demetra Demetriadou)



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2nd Stage:

(To be completed only if the Candidate Member has been accepted by Toxotis at the previous stage)

Following the completion of the 1-month trial period of the Candidate Member, Toxotis is in place to:

PERMANENTLY ACCEPT the candidate Member at Toxotis:

(Signature of Lead Coordinator – Claire Lontou)

(Signature of Director – Demetra Demetriadou)

REJECT the Candidate Member:

(Signature of Lead Coordinator – Claire Lontou)

(Signature of Director – Demetra Demetriadou)