



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:\* \_\_\_\_\_

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: \_\_\_\_\_

### 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: \_\_\_\_\_

\*\*It is crucial, for the safety of the members, that our Scientific Director is informed in advance in case someone other than their parents / guardians declared in this form will pick-them up. The Scientific Director 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.	_____

**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. \_\_\_\_\_
4. \_\_\_\_\_

Area

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Previous Employment of the Candidate Member

Name of employer

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



Position	1.	_____
title	2.	_____
	3.	_____
	4.	_____
Dates of	1.	_____
employment	2.	_____
from-until	3.	_____
	4.	_____
Area	1.	_____
	2.	_____
	3.	_____
	4.	_____

## 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.):

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Current health state / diagnosis:

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Allergies (food, medicine, other):

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

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Epilepsy?  No  Yes – Please Define

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Hearing Problems?  No  Yes – Please Define

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

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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

- 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:

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



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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:

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

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

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Independent use of the toilet:  No  Yes

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

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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

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***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 Scientific Director. Please liaise with her for any clarifications and/or assistance ([ClaireL@toxotisfoundation.org](mailto: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.

I confirm that if my/our child is approved as a member of Toxotis' Club, I/we will donate each month the amount determined by the board of directors and that such donation shall only be made through Toxotis' bank accounts, via standing order.

I/We also recognize and accept that Toxotis' Scientific Director and Board of Directors have the right to terminate Toxotis' Club services towards any of its members, at any time, if the smooth operation of Toxotis is affected (e.g. if a member shows violent or aggressive behaviour towards another member or Toxotis' staff, if certain parents / guardians do not cooperate with Toxotis' staff or for any other reason which affects Toxotis' smooth operation).

Name of Parent(s) / Guardian(s): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Approval / Rejection of the Application and relevant Comments

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

### 1<sup>st</sup> Stage:

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

**TEMPORARILY BEEN ACCEPTED** by Toxotis:

\_\_\_\_\_  
(Signature of Scientific Director – 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:

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(Signature of Scientific Director – Claire Lontou)

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(Signature of Administrative Director – Demetra Demetriadou)

**2<sup>nd</sup> 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:

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(Signature of Scientific Director – Claire Lontou)

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(Signature of Administrative Director – Demetra Demetriadou)

**REJECT** the Candidate Member:

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(Signature of Scientific Director – Claire Lontou)

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(Signature of Administrative Director – Demetra Demetriadou)