



Self-assessment Form for Minor Adaptation in Council Properties

If you feel that you require a minor adaptation to your home, please complete this application form. Please mark option boxes with a X.

Part 1. Contact Details

Title:	Forename:	Surname:
Address:		
Contact Number:	Email:	
Date of Birth:		

Part 2. Reason for Request

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Part 3. Social Work Details

Currently known to social work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of the social worker:	Full Name	

Part 4. Property Details – please indicate the number of steps into and around your home

Internal stairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, number <input type="checkbox"/> <input type="checkbox"/>
External stairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, number <input type="checkbox"/> <input type="checkbox"/>

Part 5. Type of works requested – please complete applicable boxes

<input type="checkbox"/> Additional banister	<input type="checkbox"/> Straight stair	<input type="checkbox"/> Curved stair	<input type="checkbox"/> RHS	<input type="checkbox"/> LHS
Internal handgrips	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:	
External metal overstep handrail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:	
External metal double rail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:	
External hand grip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:	

Application form to be returned to:

F. M. Maintenance
Repairs Team,
Kelliebank Depot,
Kelliebank,
Alloa,
FK10 2NT
Telephone: 01259 452000

Date Received: _____

Checked by: _____

Date Processed: _____