



5. Name & Address of Next of Kin :  
:  
:  
Post Code :  
Relationship :  
Telephone Number :

Are there any family directives ? - (Health, Funeral, Wills, Information, Rights)

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6. Current Living Environment - (Material Circumstances of Home and District etc.)
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7. Personal History - (Relationship with Family, Associates, Employers, Social Workers, etc.)
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8. Benefits Agency.

Type of present benefit :  
Is income maximised, e.g. DLA :  
Amount per week :  
Address of current benefit office :

Has the applicant an appointee, solicitor, etc.:

If so, please give details :

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9. National Insurance Number

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## Communication

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10 What Communication Systems Does He / She Use ?

a. What is his / her ability when communicating in these systems ?

(i) Expressing their own needs, thoughts, opinions ?

(ii) Understanding those of others ?

b. What training, if any, have they received in sign language ?

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11. Was the Applicant Born Deaf ? YES / NO

Cause of deafness, if known ? :

If not, at what age did deafness occur ? :

What age was deafness diagnosed ? :

Are parents, siblings deaf ? :

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12. What is the Applicant's Degree of Hearing Loss ? :

Does he / she use a hearing aid ? YES / NO

Hearing aid type, if known ? :

Does he / she have a cochlear implant ? YES / NO

Last audiology appointment ? :

Result of appointment ? :

**Education and Employment**

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13. Please give names of Schools or Education Centres the Applicant has Attended and Dates of Attendance.

Name	Dates	

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14. Has the Applicant Attended any Training Centres ? Please give Details.

15. Please State Applicant's Work Record.

Employer	Position	Period Employment	Reason for Leaving

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## Personal Information

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16. Please State Significant Life Events Chronologically.

(Death of family member, hospital admission)

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17. Has He / She Been Before a Court ?

YES / NO

(Subject to the Rehabilitation of Offenders Act)

If yes, please give further details: (nature of offence, custodial sentence, fines, etc.)

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18. Has He / She Been Detained Under the Mental Health Act ?

YES / NO

If yes, please give details:

19. Has He / She Been the Subject of Psychiatric Investigation ? YES / NO

If yes, please indicate date(s):                    /                    /

Please enclose all reports.

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20. Has He / She Been the Subject of Psychological Investigation ? YES / NO

If yes, please indicate date(s):                    /                    /

Please enclose all reports.

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21. In the Applicant's Personal Relationships, are there any Concerns About:

a) Aggression ? YES / NO

If yes, please give details:

b) Sexual Matters ? YES / NO

If yes, please give details:

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22. Are there any Recommendations Regarding the Applicant which would Assist their Development ?

a) What expectations does the applicant have ?

Please detail:

b) What expectations does the current carer have ?

Please detail:

c) What expectations does any significant other person have ?

Please detail:

## Application

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23. When is the Placement Required ? / /

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24. Will the Applicant be Returning Home for Leave ? YES / NO

If yes, what is the expected frequency of leave ?

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25. What Expectations does the Sponsoring Authority have of the Applicant's Placement in Hayfield.

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26. Please Enclose the Following: Community Care Assessment including Background History.  
Medical History.  
School Report or History.  
Psychiatric Report where appropriate.  
Psychological Report where appropriate.  
Recent Audiology Report.  
Recent Eyesight Test / Report.

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26. Name, Address and Telephone Number of the Person & Authority Making the Application:

NAME :  
(Please Use Block Capitals)

DESIGNATION :

ADDRESS :

:

:

:

TELEPHONE NO :

POST CODE :

E-MAIL :

**Please Note: The Sponsoring Authority is responsible if the placement ends or the service user is excluded.**

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

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_