

APPLICATION FORM

PART 1

(Please Print All Information Clearly)

Personal Details

1. Applicants Full Name Surname :
First :
Middle :

2. Home Address :
:
:
Post Code : Telephone Number :

3. Present Address :
(If not as above) :
:
Post Code : Telephone Number :

Previous Address :

Has the applicant lived in a residential setting? YES / NO

If yes, please give details:

Has the applicant ever lived independently? YES / NO

If yes, please give details:

Has the applicant received Housing Support and/or Care At Home? YES / NO

If yes, please give details:

4. Date of Birth : / / Age :

Place of Birth – Registration :

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

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

6. Current Living Environment - (Material Circumstances of present Home and District etc.)
-

7. Personal History - (Relationship with Family, Associates, Employers, Social Workers, etc.)
-

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 :

9. National Insurance Number

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Communication

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?

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? :

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

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

Name	Dates	

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

Personal Information

16. Please State Significant Life Events Chronologically.

(Death of family member, hospital admission)

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.)

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.

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

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

Please enclose all reports.

21. In the Applicant's Personal Relationships is there any Concern About:

a) Aggression? YES / NO

If yes, please give details:

b) Sexual Matters? YES / NO

If yes, please give details:

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

23. When is the Placement Required? / /

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

If yes, what is the expected frequency of Leave?

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

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

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: ____ / ____ / ____