



APPLICATION FORM

SECTION ONE – BASIC INFORMATION

YOUNG PERSON DETAILS:		
Young Person's Family Name:	Known as (if applicable):	
Forename(s):	Legal Status (Full Care Order, etc):	
Current address:	DOB:	NI Number:
Telephone No:	Ethnicity:	
Gender:	Religion:	
Proposed Start Date:	Preferred Locality:	
Type of placement required:	For How Long:	
Is the Young Person eligible for housing by local authority at end of placement?		
REFERRING AUTHORITY DETAILS:		
Social Worker:	Team Manager:	Telephone No:
Office Address:	Emergency Duty Team:	Telephone No:
Social Worker Telephone No:	Social Worker Fax No:	Social Worker Email:

SIGNIFICANT OTHER RELATIONSHIPS (INCLUDING NON-FAMILY MEMBERS).	
Mother/Stepmother:	Father/Stepfather:
Children (if any):	Partner (if any):
Siblings:	Grandparents:
Significant others:	

SECTION TWO – YOUNG PERSON’S CURRENT Situation/Capabilities.

CURRENT SITUATION:		
Current/Most Recent Placement:	Reason for Conclusion/Breakdown:	
IS THE YOUNG PERSON IN:	YES:	NO:
Training?		
Education?		
Employment?		
DOES THE YOUNG PERSON HAVE THE APPROPRIATE KNOWLEDGE/ SKILLS IN:		
Personal Hygiene?		
Budgeting?		
Cooking?		
Basic Household Tasks?		
Contacting appropriate emergency services?		
DOES THE YOUNG PERSON HAVE ANY PREVIOUS/OUTSTANDING COURT CONVICTIONS?		
If yes please give details:		

SECTION THREE – SOCIAL WORKER ASSESSMENT:

Background Information.

[Empty rectangular box for background information]

What are the strengths of this young person and what do they enjoy?

EMOTIONAL/BEHAVIOURAL DEVELOPMENT.

NEEDS:

OUTCOMES:

HEALTH (PLEASE INCLUDE ANY MEDICATION ALLERGIES, ETC).

NEEDS:

OUTCOMES:

EDUCATION/TRAINING.

Where is the Young Person currently being educated? Give name and address of school:

NEEDS:

OUTCOMES:

FAMILY AND SOCIAL RELATIONSHIPS.

NEEDS:

OUTCOMES:

RELIGIOUS, CULTURAL AND ETHNICITY CONSIDERATIONS.

NEEDS:

OUTCOMES:

RISK ASSESSMENT

RISK OF ENGAGING IN THE FOLLOWING:	LOW unlikely	MEDIUM Possible	HIGH Probable	BRIEF DETAILS (use separate sheet if necessary)
Physically aggressive or violent behaviour				
Criminal activity				
Absconding				
Inappropriate sexual behaviour				
Making inappropriate sexual remarks				
Substance misuse (Drugs)				
Substance Misuse (Alcohol)				
Taking risks with own physical health				
Disability/Vulnerability				
Displaying mental health issues				
Exhibiting a fear of being alone				
Self Harm				
Bullying others				
Being bullied				
Cruelty to animals				
Making false/unproven allegations				
Arson				
Making undesirable contacts				
Other - specify				

As we rely on the accuracy of the information on this application form to determine the level of service required, and the appropriateness of the placement, any misleading or false information may lead to the termination of the placement and legal action taken

Next Step Care Management Limited does not accept responsibility for the care of children associated with the named applicant.

Signed:

Date:

Name (printed):

Please return to: Next Step Care Management Ltd, The Albany, Douglas Way, SE8 4AG
Tel: 020 8692 1222 Fax: 020 8692 8916 E mail: info@nscm.co.uk