**Logo, company name

Description automatically generated**

Application for Service Placement

|  |
| --- |
| **Service Required: Date Form Requested:**  Day Residential Outreach (Adult) Community Support Supported Living Other *please specify*: Preferred Location for Service:  Has the applicant been involved in this decision? Yes No *see section E for more information* |

Section A - Applicant Details:

|  |  |  |
| --- | --- | --- |
| Name: | | Date of Birth: |
| Address: | | Gender: |
| Religion: |
| Telephone No.:  Email: | Mobile No.: |  |

Section B - Parent / Guardian / Carer Details:

|  |  |
| --- | --- |
| Father / Guardian / Carer Name: | Mother’s Name: |
| Address: | Address: *(if different to that given above or opposite)* |
| Telephone No.: Mobile No.:  Email: | Telephone No.: Mobile No.:  Email: |

|  |  |  |
| --- | --- | --- |
| Siblings: *(Please list)* | Gender: | Date of Birth: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Section C – Details of Disability / Diagnosis:

|  |  |
| --- | --- |
| Diagnosis: | Diagnosed by: |
| Nature of Disability: | Age at onset of: |
| Any other known disability *(please specify)*? | |
| Does applicant suffer from epilepsy? Yes No | Does applicant have any sensory impairment? Yes No |
| Any other relevant information: | |

Section D - Personal Health:

|  |
| --- |
| Is the applicant on any medication? *(give details)*: Yes No |
| Has the applicant had any serious illness? *(please describe)*: Yes No |
| Details of any known allergies: |
| Type of support required for any of the above: |

|  |
| --- |
| Ability to make informed decisions: Yes No Details: |
| Any existing assessments under the Mental Capacity Act / Best Interest Decisions: Yes No Details: |
| Any existing arrangements under DOLs: Yes No Details: |
| Necessary arrangements in these areas when considering the requested placement, including the need for independent advocacy: |

Section F - Placements:

|  |
| --- |
| Present Placement or Service *(School, Centre, Employment)*: |
| Please give reasons for requesting change / new service: |

Previous Placements:

|  |  |  |
| --- | --- | --- |
| Placements / Schools | Date of Entry | Date of Leaving |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Section G - Communication:

|  |
| --- |
| Applicants first language / preferred language?: |
| Does the applicant use spoken language? *(please describe)*: Yes No |
| Use of alternative communication methods / assistive technology *(please describe)*: |
| Articulation / comprehension, e.g. echolalic, stilted speech, etc *(please describe)* |
| Other relevant information: |

Section H – Relationships:

|  |
| --- |
| With Family: |
| With peers: |
| With care givers: |
| Has the applicant lived away from home before (e.g. residential / supported living): Yes No Details: |

|  |
| --- |
| Please describe support needed in this area, including any equipment / adaptations: |

Section J - Self Care:

|  |  |  |  |
| --- | --- | --- | --- |
| *Can applicant (please x all that apply):* | Independently x | Verbal Prompt x | Physical Assistance X |
| Use knife and fork |  |  |  |
| Bathe |  |  |  |
| Clean teeth |  |  |  |
| Comb hair |  |  |  |
| Wash hair |  |  |  |
| Nail care |  |  |  |
| Get up without being called |  |  |  |
| Change clothes - cleanliness |  |  |  |
| Change clothes – activity / weather appropriate |  |  |  |
| Shave |  |  |  |
| Dress |  |  |  |
| Know when personal hygiene is required |  |  |  |
| Manage menstruation |  |  |  |
| Prepare drinks |  |  |  |
| Prepare snacks |  |  |  |
| Prepare meals |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Use the toilet: | Day - Yes | No | Night - Yes | No |
| Sleeping patterns *(please describe)*: | | | | |
| Obsessive or ritualistic activities *(please describe)*: | | | | |
| Ability to occupy time *(please describe)*: | | | | |
| Activity level: | | | | |

**Section K – Support with Behaviour** *(please specify)***:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes x | No x | Additional Comments |
| Control of mood |  |  |  |
| Aggression |  |  |  |
| Self Injury (e.g. biting, hitting, head banging) |  |  |  |
| Damage to property |  |  |  |
| Vocalisation (e.g. screaming / shouting) |  |  |  |
| Running away |  |  |  |
| Other *(please specify)* |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Can applicant:* | Yes x | No x | Additional Comments |
| Ability to read |  |  |  |
| Ability to recognise common signs such as ‘Keep Out’, ‘Ladies / Gentlemen’, ‘Enter’? |  |  |  |
| Ability to write |  |  |  |
| Tell the time |  |  |  |
| Recognise money |  |  |  |
| Use money for personal spending |  |  |  |

Section M - Leisure Activities:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes x | No x | Additional Comments |
| Use of public transport |  |  |  |
| Use of community facilities |  |  |  |
| Swimming |  |  |  |
| Road safety awareness |  |  |  |
| Use of a computer |  |  |  |
| Enjoyment of TV / Films |  |  |  |
| Enjoyment of music |  |  |  |
| Enjoyment of indoor games |  |  |  |
| Enjoyment of outdoor games |  |  |  |
| Existing hobbies / activities |  |  |  |
| Interest in new hobbies / activities |  |  |  |
| Other information: |  |  |  |

**Section N - Occupational Skills** – *(please specify)***:**

|  |  |  |
| --- | --- | --- |
| Existing work placement / employment: Yes | No | Details: |
| Aspiration to work placement / employment: Yes | No | Details: |
| Concentration skills / timeframes: | | |
| Able to work without constant supervision: Yes | No | Details: |
| Other information: | | |

Section O - Any other relevant information:

|  |
| --- |
|  |

Section P - Funding:

|  |  |  |  |
| --- | --- | --- | --- |
| How will the placement application be funded?: | | | |
| Is funding in place: | Yes | No | Details: |

|  |  |
| --- | --- |
| We acknowledge and understand that:   * this form should be returned to the address below within 4 weeks of the date it was requested, to enable Assessment visits to be arranged * Challenging Behaviour – Individuals with autism spectrum condition will experience anxiety and / or distress where there are changes to routine, environment, structure or support plans. Visitors may also bring about anxiety. On these occasions an individual can demonstrate extreme behaviour, which is often referred to as challenging behaviour.   Challenging behaviour can include outbursts of anger, hitting or kicking other people, throwing things or hurting themselves. Living with challenging behaviour can be a stressful and exhausting time for the individual displaying the behaviour; other people sharing the environment and the staff team.  Challenging behaviour is not just a ‘stage’ that an individual with autism spectrum condition will grow out of. It often appears in individuals who have difficulty communicating their needs and wishes in other ways.  At these times, through sensory overload or by frustration of communication, an individual with autism spectrum condition may lose control of their emotions and strike out spontaneously and indiscriminately.  Although, regrettable, these are not actions of intent and should be considered within the context of the service provided. Autism East Midlands will always work towards supporting all parties when incident occur. | |
| How has the applicant been supported to contribute to this application? *Please state if this has been completed with or on behalf of the individual*: Yes No Details: | |
| If the individual does not have capacity to give consent to this application, how is this being managed?  *(consider others involved, MCA / Best Interest Decision, Independent Advocacy)* | |
| Signed by the application or person completing this application *(typing name will be accepted as a signature)*: | Signed by Social Worker or other Professional supporting this application *(typing name will be accepted as a signature)*: |
| Print Name: | Print Name: |
| Relationship to applicant: | Position: |
| Contact Address:  Tel. No.: Email: | Contact Address:  Tel. No.: Email: |
| Date: | Date: |
|  | Sponsoring Authority: |

**Please attach additional supporting information, if appropriate, indicating which section it applies to**

Please return completed form to: - Autism East Midlands,

Unit 31, Crags Industrial Estate, Morven Street, Creswell, Worksop, Nottinghamshire, S80 4AJ Email: [enquiries@aem.org.uk](mailto:enquiries@aem.org.uk)