

# Application for Service Placement

## Service Required:

Day  Residential  Outreach (Adult)  Outreach (Children)  Supported Living   
Other  *please specify:*

## Date Form Requested:

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.:	Mobile No.:
Email:	

## Section B - Parent / Guardian / Carer Details:

Father / Guardian / Carer Name:	Mother's Name:
Address:	Address: <i>(if different to that given above or opposite)</i>
Telephone No.:	Telephone No.:
Mobile No.:	Mobile No.:
Email:	Email:

Siblings: <i>(Please list)</i>	Gender:	Date of Birth:

## Section C - Details of Disability / Diagnosis:

Diagnosis:	Diagnosed by:
Nature of Disability:	Age at onset of:
Any other known disability <i>(please specify)</i> ?	
Does applicant suffer from epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does applicant have any sensory impairment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other relevant information:	

## Section D - Personal Health:

Is the applicant on any medication? <i>(give details)</i> : Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant had any serious illness? <i>(please describe)</i> : Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any known allergies:
Type of support required for any of the above:

**Section E – Mental Capacity Act and Deprivation of Liberty Standards:**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:

**Section I - Motor Co-ordination:**

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comb hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get up without being called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change clothes - cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change clothes – activity / weather appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know when personal hygiene is required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	
Self Injury (e.g. biting, hitting, head banging)	<input type="checkbox"/>	<input type="checkbox"/>	
Damage to property	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalisation (e.g. screaming / shouting)	<input type="checkbox"/>	<input type="checkbox"/>	
Running away	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**Section L – Literacy and Numeracy Skills in daily living:**

*Can applicant:*

	Yes x	No x	Additional Comments
Ability to read	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to recognise common signs such as 'Keep Out', 'Ladies / Gentlemen', 'Enter'?	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to write	<input type="checkbox"/>	<input type="checkbox"/>	
Tell the time	<input type="checkbox"/>	<input type="checkbox"/>	
Recognise money	<input type="checkbox"/>	<input type="checkbox"/>	
Use money for personal spending	<input type="checkbox"/>	<input type="checkbox"/>	

**Section M - Leisure Activities:**

	Yes x	No x	Additional Comments
Use of public transport	<input type="checkbox"/>	<input type="checkbox"/>	
Use of community facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	
Road safety awareness	<input type="checkbox"/>	<input type="checkbox"/>	
Use of a computer	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoyment of TV / Films	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoyment of music	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoyment of indoor games	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoyment of outdoor games	<input type="checkbox"/>	<input type="checkbox"/>	
Existing hobbies / activities	<input type="checkbox"/>	<input type="checkbox"/>	
Interest in new hobbies / activities	<input type="checkbox"/>	<input type="checkbox"/>	
Other information:	<input type="checkbox"/>	<input type="checkbox"/>	

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

Existing work placement / employment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Aspiration to work placement / employment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Concentration skills / timeframes:			
Able to work without constant supervision:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Other information:			

**Section O - Any other relevant information:**

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**Section P - Funding:**

How will the placement application be funded?:
Is funding in place: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:

**Section Q – Declaration, Signatures and Consent to application:**

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:

Contact Address:

Tel. No.:

Tel. No.:

Email:

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, Crag Industrial Estate, Morven Street, Creswell, Worksop, Nottinghamshire, S80 4AJ**

**Email: [corporate@autismeastmidlands.org.uk](mailto:corporate@autismeastmidlands.org.uk)**

Revised: June 2015