



Referral No  Date

**Placement Application Form**

**Referral Form – STAGE 2**

*(To be completed instead of, or to complement LAC's EIR 1 form at time of admission)  
 \* IF NEEDED THE REVERSE SIDE OF THESE PAGES CAN BE USED FOR CONTINUATION -  
 Clearly number accordingly.*

Information completed by ..... Time & date .....

Information provided by ..... Designation .....

Placement made?                      Yes                      No                      Name of carer(s)  
 .....

Date of planning meeting?                      Venue? .....

1. Name of child / young person:	Any aliases?	Known as:	Date of birth: Age:
Home Address:			Phone no: Mobile:
Mothers name: Mothers address:			Phone no: Mobile: Work:
Fathers name: Fathers address:	Parental responsibility?  Mother Father		Phone no: Mobile no: Work:
2. Any other significant names and addresses? Please include past carers including, residential, siblings and other family members, friends / girlfriends, neighbours, teachers / significant others.			
Name	Address	Relationship	Phone Number/s



<p>3. Any person with contact arrangements? Detail including whether ordered / direct / phone / frequency of contact etc.</p> <p>4. Any person to avoid contact with? Please also detail why?</p>	5. Name of referring agency:				
	Address:				
	Phone number:		Fax:		
	Worker responsible:				
	Direct line number:		Fax:		
	Manager:				
	Phone number:		Fax:		
	Finance Contact:				
	Address:				
	Phone number:		Fax:		
Emergency / out of hours phone number:					
6. About the child / Young person - Is a recent photo being provided? YES NO					
Physical description Of child / Young person	Height:	Weight:	Eye colour:	Hair colour:	Distinguishing marks / features?
Who has legal responsibility? <i>Please give details-</i>			Legal status:	Does the child / Young person hold a valid passport? YES NO Whereabouts? Number:	
Religion: Practising? YES NO	Hobbies / interests:			Pets / special toys?	Any favourite foods?
Does child / Young person have an agreed bedtime and routine? <i>Please give details-</i>					
Any agreed pocket money arrangements? <i>Please give details-</i>					

7. Does child / Young person have an advocate? YES NO *please give name and detail-*

Does child / Young person have a guardian? YES NO *please give name and detail-*

8. Medical / health / safety details-

<p>Does the child / Young person have current medical (FFI)? YES NO</p> <p>Date:</p> <p>Is medical consent attached? YES NO</p> <p>Date:</p> <p>National insurance card? YES NO</p> <p>Medical card? YES NO</p> <p>On going health record book? YES NO</p>	<p>Name of last G.P:</p> <p>Address:</p> <p>Phone No:</p> <p>Who will undertake admission medical?</p>	<p>Any other medical specialist involved? – <i>Please give names &amp; contact numbers.</i></p> <p>Any outstanding appointments? If yes please give details YES NO</p>
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<p>Is there any on going medical treatment that needs to be detailed? <i>If yes please list clearly the name/s of any medication and how it is to be administered.</i></p> <p>YES NO</p>	<p>Does child / Young person have any serious allergies / reaction to food / drugs? <i>If yes please give details</i></p> <p>YES NO</p>	<p>Name of dentist:</p> <p>Address:</p> <p>Phone no:</p> <p>Any outstanding appointments / problems? YES NO Urgent? YES NO</p>
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Has child / Young person had the following inoculations? *If yes please insert date*

Rubella	YES	NO	Date:	Meningitis	YES	NO	Date:
Flu	YES	NO	Date:	Polio	YES	NO	Date:
Hepatitis A	YES	NO	Date:	Hepatitis B	YES	NO	Date:
Tetanus	YES	NO	Date:	Other			

Is there any virus which a carer needs to take particular note? e.g. Hepatitis/Herpes/Chlamydia/S.T.D/HIV?

YES NO *if yes please give details*

<p>9. Does child / Young person smoke?          YES    NO</p>	<p>If under age of 16, who authorises? Is it part of the care plan? What does the care plan say about smoking?</p>
<p>PLEASE OUTLINE THE SMOKING POLICY OF THE PLACING AGENCY:</p>	
<p>10. Education</p>	
<p>Name of current / last school:           Type of education - <i>primary / secondary / special etc?</i>           Schools address:           Schools phone no:           Current school status? <i>FULL-TIME / PART-TIME / TEMPORARILY EXCLUDED / PERMANENTLY EXCLUDED</i>  <i>Detail:</i></p>	<p>Name of teacher:           Phone no:           Designated LAC co-ordinator within school           Phone no:           Name:           Other link? <i>E.g. Ed. Psych.</i>    YES    NO           Name and title:           Phone no:           Detail:-</p>
<p>11. Offending patterns of behaviour?</p>	
<p>History of offending?    YES    NO           Give brief outline of offending behaviour, when, to whom, frequency, was it recent?               Identified risk through offending behaviour not covered elsewhere:</p>	<p>Court appearances outstanding?    YES    NO           Name / date of court appearance:           Name of responsible worker:           Role:           Address and phone no.           Detail any current order: <i>e.g. Supervision order / action plan order, attendance centre order / deferred sentence / other-</i>           Any accompanying documentation / appointment cards etc</p>
<p>RESTRAINT: Please outline the restraint policy of the placing agency:</p>	
<p>OVERNIGHT STAY OUTSIDE THE FOSTER HOME: <i>All children / young people from time to time, have the opportunity to stay over at their friend's homes. What are your authorities' policies and procedures on this? (Police check requirements etc)</i></p>	

Good quality and open communication is crucial for safe matching of placements. **NEWFOCAS** Ltd expects open and honest written disclosure of previously know about risky or dangerous behaviours. Failure to disclose such, with subsequent unacceptable risk to carers or others in placement may result in the immediate withdrawal of a placement.