



APPLICATION FORM

**Once completed please return to Moving On Head Office:
Moving On Care Management Ltd
14 Lesbourne Road
Reigate
Surrey
RH2 7LD
Tel: 01737 246800
Email: info@movingonltd.com
www.movingonltd.com**

Please contact us directly for enquiries regarding young people with arson convictions or those considered higher risk

Young Person's Details:

Surname _____	Forenames _____
Date of Birth _____	Gender _____
Ethnicity _____	Religion _____
Legal status _____	
National Insurance Number if known _____	
Primary Language _____	

Person Responsible for Placement (Personal Advisor/Social Worker):

Full Name _____	
Address _____ _____ _____	
Telephone (inc STD) _____	Mob _____
E Mail _____	
EDT Number _____	

Background Information:

- Details of present placement (e.g. has the YP received Independence training? Is it a successful/positive placement?):

- Assessment of Young Person (appearance, physical development and behaviour):

- Does the Young Person have any children or are they expecting a child? Please provide details of social services involvement, EDD, Health Visitor and Midwife

- Details of interaction with staff (please also include inappropriate interactions, such as false allegations):

- Details of interaction with peers (please also include inappropriate interactions):

- Previous placements (i.e. reasons the placements have broken down):

- Offence History (convictions including those pending, please include details of any court orders and name of Supervising Officer):

Name of supervisor _____ Tel No: _____

- Please state any history of drugs/ alcohol warnings:

- Assessment of Risk:

Risk	Yes			No
	High	Medium	Low	
Violence to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems related to substances/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual offences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide attempts/self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional risks (please identify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information to include any known triggers and most recent risk assessment

- Does the Young Person attend school/college/training/work?

Yes No

If YES, please give details

Name of contact: _____

Tel No: _____

- Does the Young Person have contact with family, if so please give details:

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- Identified needs of the Young Person (please state the level of support required by the Young Person)

	High level of support required	Some support required	No Support required
Education/ training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaison with other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-establishing contact with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to local organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural, religious or lifestyle needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

Any additional information:

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- Is the Young person in receipt of benefits?

Yes

- Is the Young Person registered on a local authority housing list?

Yes No

If Yes, please give details:

Local authority _____ Ref No. _____

If No, please give details of the local authority which the Young Person has a local connection with and their connection with the area?

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- Type of accommodation required for young person
 Shared accommodation Individual accommodation Either
- Any other relevant information to assist in the preparation of a care plan (please include all areas considered suitable for placement):

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- Other agency involvement (Please include Doctor's address):

Name	Designation	Address	Contact number

<p>Declaration: I declare that the information I have given is, to the best of my knowledge correct:</p> <p>Signed: _____ Full Name: _____</p> <p>Date: _____ Position: _____</p> <p>Contact number: _____</p>	
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Equal Opportunities Monitoring

Moving On are committed to providing an excellent service to all young people, irrespective of ethnicity, gender, sexual orientation, religion, disability or age. The information requested on this page is strictly confidential and will be used by the provider for monitoring purposes only – it will not affect this application for supported housing. Please complete sections A to E of this page, ticking one box for each section.

A. Ethnic origin (as defined by the applicant)

White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>	
Mixed:	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other <input type="checkbox"/>
Asian or Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>
Black or Black British:	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>	
Chinese or other ethnic group:	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>		
	Gypsy / Romany / Irish Traveller <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>		

B. Gender (as defined by the applicant)

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
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C. Sexual orientation (as defined by the applicant)

Bisexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Gay woman / lesbian <input type="checkbox"/>
Heterosexual/straight <input type="checkbox"/>	Other <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>

D. Religion / faith (as defined by the applicant)

None <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian (all denominations) <input type="checkbox"/>
Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	Other <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>

E. Disability (as defined by the applicant)

None <input type="checkbox"/>	Mobility <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>
Hearing Impairment <input type="checkbox"/>	Mental health <input type="checkbox"/>	Learning disability <input type="checkbox"/>
Progressive disability <input type="checkbox"/>	Chronic illness <input type="checkbox"/>	Do not wish to disclose <input type="checkbox"/>