



Application for a residential placement at Pear Tree

Personal Details:	Person with Parental Responsibility:
Name:	
Date of Birth: Age:	
Description of child/young person:	
Eyes:	Hair:
Height:	Weight:
Distinguishing features:	
Cultural/Ethnic considerations:	
Is the child/young person on the Child Protection Register? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state category:	
Date registered:	
Has the child/young person been on the Child Protection Register at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give dates and brief explanation:	
Mother: Partner: Address: Tel no:	Father: Partner: Address: Tel no:

Brothers and sisters:	Ages:	Addresses:

**Referral Procedure
Part 4**

Other relevant persons:		
Name	Relationship	Contact Address/Tel No.

Medical Information	
Current GP	Address/Tel no
School Nurse	Address/Tel no
Dentist	Address/Tel no
Opticians	Address/Tel no
Any specialist medical involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state: 	

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Any disabilities/allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:
Any current medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:

Placement details:	
Social worker's Name/Address/Tel no:	Summary of circumstances:
Team Manager:	Emergency contact:
Other professionals involved:	
Current placement:	
Name of carer/key worker:	
Address:	Telephone no:
Date placed:	

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**Previous placements, with dates (if applicable) including current placement,
Name/Address:**

Please detail any matters which are outstanding at time of application:

Home area Postcode:

Identifier:

Age at admission:

Gender:

Legal Status:

Care order:

Principal reason for referral:

- Sexually harmful behaviour
- Sexual victim
- Other - please specify

Secondary reason for referral:

- Sexually harmful behaviour
- Sexual victim
- Welfare
- Interpersonal violence
- Emotional / behavioural disturbance
- Self harm
- Rehabilitation from secure conditions
- Other - please specify

Originating region:			
<input type="checkbox"/> North West <input type="checkbox"/> Northern & Yorkshire <input type="checkbox"/> London <input type="checkbox"/> West Midlands <input type="checkbox"/> Wales <input type="checkbox"/> South East <input type="checkbox"/> Eastern <input type="checkbox"/> South West <input type="checkbox"/> Trent <input type="checkbox"/> Scotland <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Republic of Ireland			
Ethnicity:			
<input type="checkbox"/> White <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black / Other <input type="checkbox"/> Indian <input type="checkbox"/> Pakistan <input type="checkbox"/> Chinese <input type="checkbox"/> Other - please specify			
Living status prior to admission:			
<input type="checkbox"/> With family <input type="checkbox"/> LA children's home <input type="checkbox"/> LA secure children's home <input type="checkbox"/> Secure training centre <input type="checkbox"/> Private children's home <input type="checkbox"/> Foster care <input type="checkbox"/> Adoptive placement <input type="checkbox"/> Supported independent living <input type="checkbox"/> Hospital facility <input type="checkbox"/> YOI <input type="checkbox"/> Other - please specify			
	No	Yes	Don't Know
Any physical disability	□	□	□
Specify:			
From available referral information is there a known history of the following:			

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	No	Yes	Don't Know
Criminal / delinquent peer group association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of parental mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour Concerns			
Sex offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer & social relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convictions			
Sex offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status offences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior history of CAMHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing CAMHS involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior mental health diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis:			
<input type="checkbox"/> Depressive illness			
<input type="checkbox"/> Anxiety			
<input type="checkbox"/> Psychosis			
<input type="checkbox"/> Personality Disorder			
<input type="checkbox"/> ADHD			
<input type="checkbox"/> Conduct Disorder			
<input type="checkbox"/> Other - please specify			
Currently on prescribed psychiatric medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of cannabis use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of solvent use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of amphetamine use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of other illicit substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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History of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of neglect abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of intra-familial abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of extra-familial abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current of self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetite difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of use of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of threats of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of development delay / Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of LA care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education			
History of school behavioural difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In mainstream school FT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In mainstream school PT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of special schooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of pupil referral units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of alternatives to education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of school exclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward intervention at referral:			
<input type="checkbox"/> Poor <input type="checkbox"/> Ambivalent <input type="checkbox"/> Good <input type="checkbox"/> Very Good			

Aims of placement

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Preferred outcome at end of placement			
	For child/young person	For carers	For placing agency
Return home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return to foster home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return to other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have been provided with copies of Pear Tree's policies and procedures and agree with the ethos of the organisation, as explained verbally and in documentation. I am satisfied that the placement appears to meet the needs of the child/young person I wish to place.	
Signed: (Social worker)	Date: