

Other Professional Report
(Not for use for Care Managers)

APPLICATION FORM

It would be appreciated if you filled in the sections below as fully as possible. We have found that the more information we have concerning applicants before their interview with us helps us greatly in assessing the right level of support needed. Thank you for your time.

Name of Applicant

Your Details	
Name	
Relationship to Applicant	<i>(If you are their Care Manager, please use the dedicated Care Manager's form, found on our website)</i>
Organisation (inc. Address, Email and Telephone Number)	
Length of time applicant known to you	

Contact Details (If applicable/known)	Name	Address	Telephone No. Email address
Care Manager			
Psychiatrist			
G.P.			
Probation Officer			
Next of Kin			

Past Care Home/Hostel placements/Accommodation

Name and Address	Dates	Type of Home	Reason for leaving (if evicted please give reason why)

Educational standard reached, please mention any learning difficulties.

Employment or voluntary work record

Employer & Address	Dates	Nature of Work	Reason for Leaving

Addictions/Drug Involvement: Please outline any addictions, including alcohol, the client has and any past or present use of non-prescribed drugs.

Please give any signs and symptoms that may indicate a lapse into any of the above addictions, or that one may be imminent.

Financial arrangements

Is the client in receipt of any benefits (i.e. Income Support, Incapacity Benefit, DLA etc.) and how much is being paid?

Does the client receive money from any other source?

Does the client have any savings?

Does the client have any financial commitments i.e., unpaid loans, debts, maintenance for children? If so please give details.

Criminal record: Please give details of any un-spent offences and dates.

Are there any court appearances outstanding? If so please give details.

CPA / Care Plan / Relevant Support Plan

Please enclose the most recent health and social services Care Management Assessment (CPA) and single Care Plan or relevant documentation from your own organisation.

What benefit is envisaged to the applicant in coming to Culverdale?

Risk Assessment: Please provide a detailed risk assessment, guided by the below questions:

- 1) **Risk of suicide or self-harm:** Have there been (please indicate whether past or present), indications of:
- Minor self-harm without significant risk to life or health
 - Suicide threats or gestures
 - Serious contemplation/planning of suicide
 - Attempted suicide

Are you concerned about the applicant's current intention to commit suicide?

- 2) Risk of harm to others (including children, staff, and the public): Have there been (please indicate whether past or present), indications of:
- Violence towards others
 - Aggression without violence e.g. threats, verbal aggression
 - Fantasies of violence expressed
 - Known to possess dangerous weapon(s) e.g. firearms, combat knife
 - Arson/fire setting
- Are you concerned that the applicant could be a risk to others?
- 3) Risk of self-neglect/exploitation/abuse by others and Staff: Have there been (please indicate whether past or present), indications of:
- Self-neglect
 - Inability to recognise hazards
 - Difficulties with activities of daily living
 - Vulnerable to exploitation or abuse (financial/sexual/physical)
- Are you concerned that the applicant is at risk of abuse of any kind?
- 4) Sexual risks: Have there been (please indicate whether past or present), indications of:
- Rape, indecent or sexual assault committed
 - Sexual behaviour towards children
 - Non-violent sexual offences eg inappropriate sexual behaviour
 - Fantasies of engaging in any of the above expressed
- Are you concerned that the applicant is at risk, or a risk, sexually?
- 5) Substance/alcohol misuse: Have there been (please indicate whether past or present), indications of:
- Intravenous use
 - Multi-drug/chaotic use, including prescribed medication
 - Psychiatric risks are seriously exacerbated by abuse of drugs or alcohol
- Are you concerned that the applicant is a risk in relation to illicit substances?
- 6) Please, if you are able, can you comment on signs to notice when the applicant is unwell and whether these are being displayed at present?
- 7) Please provide any further comments which you may have.

Please give known details concerning client's family:

Parents/Step Parents/Foster Parents

Approximate ages, client's feelings towards them, family dynamics etc.

Brothers/Sisters: Approximate ages, where client comes in family structure. How close does the client feel to them?

Details of any other significant relative/friend

Case History: Please give as full a case history as possible including expected benefit of the client coming to Crossways.

If necessary, please continue on a separate sheet.

I, on behalf of my authority, agree to support this client during their probation period at Culverdale (usually 6 months).

Signature

Date : _____

Please print name