



Application for Residential Placement

Child/Young Person's Details

Child/Young Person's Name: _____

Date of Birth: _____ Where Born: _____

Ethnic Origin: _____ Language of Choice: _____

Home Address: _____

Current/Last School: _____

Class/Year Level: _____ Date last attended: _____

Legal Custodial Status: _____

Counsel for Child _____	Phone _____
	Email: _____
CYF Social Worker _____	Phone _____
	Mobile _____
	Email _____
	Fax _____
	Address _____

	CYF Site _____
CYF Supervisor _____	Phone _____

People Significant to the Child/Young Person

Mother: _____ Father: _____

Address: _____ Address: _____

Phone: _____ Phone: _____
(Home) (Home)

(Business or Cellphone)

(Business or Cellphone)

Siblings (name and age)

Other (name) _____ Relationship _____

Address: _____ Phone: _____
(Home)

(Business or Cellphone)

(Business or Cellphone)

Other (name) _____ Relationship _____

Address: _____ Phone: _____
(Home)

(Business or Cellphone)

(Business or Cellphone)

Other (name) _____ Relationship _____

Address: _____ Phone: _____
(Home)

(Business or Cellphone)

(Business or Cellphone)

Persons NOT to have contact with the Child/Young Person

Name: _____ Relationship _____

Brief details (including relevant orders): _____

Name: _____ Relationship _____

Brief details (including relevant orders): _____

Please Summarise Reasons For Referral To Dingwall Trust

Parent / Guardian / Custodian: _____

Child's understanding of reasons for referral _____

Specific Needs of the Child/Young Person _____

Child/Young Person's Strengths and Abilities _____

Behavioural issues _____

Previous incidents of violence or sexualised behaviour _____

Medical / Mental health issues (eg. Diagnosis , bed wetting) _____

Key Results Expected

Current Permanency Goal _____

Short term goals of placement _____

Long term goals of placement _____

Expected programme for re-integration to home/whanau/community _____

Describe Child's Relationships With:

Peers: _____

Siblings: _____

Adults: – Parents _____

–Teachers _____

– Other adults _____

Privacy Statement

The information gathered in this form will be used solely for the purpose of determining the suitability of the person named herein to be included in a Dingwall Trust Programme. The person named herein or their legal guardian shall have ready access to this information and may correct or alter such information as they deem necessary.

Should the application be declined this information will be destroyed after 3 months. Where the application is successful this information will be held on the clients file under further authority.

Signed: _____ Date: _____