

**APPLICATION FOR SUPPORT**

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| Name of the person who needs support:Please attach a photo of the person needing supportDate of birth: Gender: Address:Postcode:Telephone number:  Email Address: |
| Name of the person(s) completing this application:Relationship to the person:Telephone number:  Email Address: |
| Father/Guardian’s Name:Home address:Telephone number: Email address: |
| Mother/Guardian’s Name:Home address:Telephone number:Email address: |
| Name of funding authority: Method of payment (e.g. direct payments):Care managers contact details: |
| Other professionals / providers involved in the persons’ care (please give contact details): |
| Nature of diagnosis:Medical conditions:  |
| Current support provider: Address: Telephone number: Email address:Type of support provided:Staff ratio provided:Rationale for staff ratio: Reasons for wanting to change the current support (if applicable): |
| What type of service do you require?Supported living:Residential: Day service: *Is this a full or part time placement? (i.e. Mon-Fri 9-4:30pm)*Outreach: *Is this a full or part time placement? (i.e. Mon-Fri 9-4:30pm)* |
| Previous placements: (please continue on separate page if necessary)

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| Name of placement | Dates attended | Contact details | Reason for ending placement |
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When do you ideally want support to start?Any other relevant information:Please return with a copy of the person’s Care Plan if applicable. |

**CODE OF PRACTICE AND CONSENT TO GATHER INFORMATION**

*(The signed by the person or a family member or advocate who assisted with the completion of this application)*

Should a placement be offered, I/we understand that this will be on the condition that the following codes of practice are accepted:

* 1. We recognise that autistic people have the same rights as their fellow citizens
	2. We will always promote skills to enable the individual to be as independent as possible, and recognise and nurture the potential of individuals
	3. To recognise the right of the individual to make any decisions about themselves, even if it is an unwise decision, by giving them all information they need to consider that decision (Mental Capacity Act)
	4. If a person lacks capacity, to always ensure that we work in their best interests and that they are at the heart of all decisions made (Mental Capacity Act)
	5. We respect all individuals we support as adults and work within the guidance of all legislation which is relevant to adults.
	6. Kent Autistic Trust have a legal duty of care to report any safeguarding concerns to relevant authorities.
	7. Kent Autistic Trust are a non-aversive organisation; we will not use punishment in response to behaviours and will not try to shape behaviours through negative means.
	8. Kent Autistic Trust advocate Co-Production; working alongside the people we support as equal partners in creating the service they want and being involved in all plans and decisions.
	9. We respect the dignity and privacy of individuals
	10. We promote the widest possible range of ordinary community activities and participation
	11. We maintain and positively encourage joint working with all members of the person’s circle of support and other professionals.
	12. Within Kent Autistic Trust there is a multidisciplinary team who all work together to support the individual
	13. We believe in the importance of creating a happy, homely atmosphere
	14. Kent Autistic Trust has a zero-tolerance policy of abuse against staff by families, friends, guardians or professionals.

Signed:

Date:

**CONSENT TO GATHER INFORMATION**

I consent to the Kent Autistic Trust obtaining information from the listed contacts in order to assist with the Trust’s selection process regarding application for placement.

Signed:

Date: