

Information Form	Centre:
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1. Name of Applicant: _____

Male Female D.O.B. Day Month Year

PPS No: _____ **Next of Kin:** _____

Address: _____ Address: _____

Phone No. _____ Phone No. _____

Type of Accommodation: Home Hostel Other

2. Information supplied by: _____ **Name:** _____

Address: _____

Phone No.: _____

Comment: _____

3. Educational History:

Second Level Schools Attended:

Contact Person: _____

Tel No: _____

Age on leaving school: _____

Date last attended school: _____

Exams Taken:

Junior Cert

Leaving Cert.

Other

Results of exams taken (Last school should provide written evidence of highest level of exams taken): _____

Has the applicant ever been assessed for educational purposes:

Yes

No

If the answer is yes please give details and include relevant reports:

Has the applicant ever been identified as a potential early school leaver or received specific support in this respect:

Yes

No

If yes please give details:

Has the applicant ever received any additional resources in relation to Special Educational Needs:

Yes

No

If yes please give details:

4. Background Information:

Has the applicant been in contact with any relevant professional, e.g.:

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|------------------------------|--------------------------|
| Social Worker | <input type="checkbox"/> | Advocate | <input type="checkbox"/> | Junior Liaison Officer (JLO) | <input type="checkbox"/> |
| Counsellor | <input type="checkbox"/> | Education + Welfare Officer | <input type="checkbox"/> | Family Support Worker | <input type="checkbox"/> |
| Psychiatrist | <input type="checkbox"/> | Special Needs Co-ordinator | <input type="checkbox"/> | | |
| Psychologist | <input type="checkbox"/> | Drug Treatment Clinic | <input type="checkbox"/> | | |

Other (Please Specify) _____

Has the applicant ever been psychologically assessed:

- Yes No

If the answer is yes please include the psychological report and the name of the relevant psychologist:

Does the applicant have any specific health problems that the centre should be made aware of:

- Yes No

If yes please give details:

Is the applicant on any prescribed medication:

Yes No

If yes please give details:

Does the applicant have any behavioural/ emotional problems that the centre should be made aware of. (Please specify)

Any additional information not addressed above:

Signature: _____ **Date:** _____

Youthreach Staff member: _____

All information received will be treated in strictest confidence and will be used for the sole purpose of determining suitability of the Youthreach programme for the applicant.

In the absence of a referral body, the information form should be completed by a member of staff who has sought out the information needed from schools or relevant agencies.

Information Provider:

Office Use Only: