**Calderdale UASC**

**Initial Age Screening Checklist**

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| **Date of Referral**  | **Date Initial Age Assessment started** | **Date Initial Age Assessment completed** | **Date seen by ATM/TM** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  | **(Claiming to be?)** |  |
| **Nationality** |  |
| **Preferred Language and Dialect**  |  |
| **Religion** |  | **(Practicing?)** |  |
| **Current Address** |  |
| **Solicitor/Legal Representation** |  |
| **Date arrived into the UK** |  |
| **Date applied to Home Office (seeking asylum)** |  |
| **Previous local authorities in contact with** |  |
| **In relation to contact with previous LA,****Has previous Age Assessment been done?** |  |
| **Copy obtained?** |  |
| **Conclusion of previous assessment?** |  |
| **Is there fresh evidence to contradict previous assessment?*****- if no, the young person should be informed of his right to challenge the assessment of previous LA by way of review or complaint.******- if yes, then re-assessment to be conducted by BFC*** |  |
| **Finance/belongings** |  |
| **Has an application been made to IND?*****- If yes, record the date, IND reference number and whether the application was a port application or in country application.******- If no, note date to be referred to Asylum Screening Unit (in accordance with joint working protocol between IND and ADSS, this should be on the first working day)*** | **YES****Date** |  |
| **IND Reference** |  |
| **Port/In country Application** |  |
| **NO****Date to be referred to Asylum Screening Unit** |  |
| **Social Workers completing assessment****Age assessment to be conducted by two experienced Social Workers** |  |
| **Interpreter** |  |
| **Date** |  |