**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** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **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** | | |  | | |