MOVING ON CHECKLIST

This form has been created for you to keep your important information in one place ready for when you turn 18 or move home.

Complete as much as possible and ask for help form your foster carer, personal assistant or social worker if needed. Either save the form on your computer or keep a printed copy in a safe and secure place.

Personal Details

Phone number & provider details	My number:	Provider and contact details:	
(think about putting a £0 spend cap on monthly plans)			
	What is included?	Cost and day of month direct debit is taken for your bank account:	
Email addresses and passwords	Email address:	Password:	
	Email address:	Password:	
	Email address:	Password:	
National Insurance Number			
Bank details	Sort Code:	Account Number:	

Online banking log in and security questions/answers:	Bank name and address:
Number:	Date of issue:
	Expiry date:
Username:	Password:
	Important Information:
Reference:	Date applied for:
	security questions/answers: Number: Username:

Address History

Current address	Full postal address	Dates lived there:
		From:
		То:

Previous address	Full postal address	Dates lived there:
		From:
		To:
Previous address	Full postal address	Dates lived there:
		From:
		To:
Previous address	Full postal address	Dates lived there:
		From:
		То:
Previous address	Full postal address	Dates lived there:
		From:
		To:

Support

My PA / Support Worker	Name	Contact telephone numbers
Email		Landline:
	Email	Mobile:

Social work/support team (if PA not available)	Name	Contact telephone numbers: Landline:
		Other:
Other	Name	Contact telephone numbers
		Landline:
		Mobile:
Other	Name	Contact telephone numbers
		Landline:
		Mobile:

Health

When registering for a health service you will be asked to provide details of your previous provider.

NHS number		
Doctor	Name and address of current Doctor Surgery	Contact telephone numbers:
		Landline:
Doctor	Name and address of new Doctor Surgery	Contact telephone numbers:
		Landline:

Dentist	Name and address of current Dental Practice	Contact telephone numbers Landline:
Dentist	Name and address of previous Dental Practice	Contact telephone numbers
		Landline:
Optician	Name and address of current Optician:	Contact telephone numbers
		Landline:
Optician	Name and address of new Optician:	Contact telephone numbers
		Landline:

Accommodation

New Address	Full address including postcode:	Date moved in:
Landlord	Name and address:	Contact telephone numbers:
		Landline: Mobile:
		Mobile.
Housing Officer	Name and address:	Contact telephone numbers:
		Landline:
		Mobile:

WiFi	Name:	Password:
Day bins go out	Green bin for recycling	Other bin:
How to use the washing machine and empty the filter. If it stops working this is often the cause and takes a few minutes to sort out.		
Use of smoke alarms/carbon monoxide detectors, what to do, and how to turn off:		
How to use the cooker, designated kitchen cupboards etc:		
Other important information/contacts:		