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**Application to join an**

**Emmaus Colchester community**

**Before completing this application form, please read the following information carefully. We want to be sure that you fully understand what Emmaus Colchester is and how we might be able to support you.**

**About Emmaus**

Emmaus is a secular organisation that supports people who have experienced homelessness and social exclusion by offering a home and meaningful work. We are not a hostel, we are a community of people who live and work together, supporting ourselves and one another through our social enterprise.

There is no limit to how long you can stay at an Emmaus community, providing you agree to take part in community life and follow a few simple rules.

**What is involved in living in an Emmaus community?**

In order to live in an Emmaus community we ask that you sign off all benefits with the exception of housing benefit and agree to work for 40 hours per week, to the best of your ability, in our social enterprise. Our live/work model aims to help restore self-esteem and help you to gain the skills and experience to move forward with your life in a positive way.

**What can I expect?**

In an Emmaus community everyone has their own room, with communal areas for eating and socialising. During the day, companions, as our residents are known, work in our social enterprises, which are mainly charity shops, or working in the community home. The work could include working in the shop, sorting items in the warehouse, or going out to make deliveries in our vans. In the evening companions have free time to spend as they wish.

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| Emmaus will provide: | You will be expected to: |
| * A home for as long as you need it * Clothing, food and a small weekly allowance * Support to overcome any problems you may be experiencing * Work experience, training and support to help you to realise your aspirations and potential | * Sign off all benefits, with the exception of housing benefit * Work in the charity’s social enterprise for up to 40 hours per week, to the best of your ability * Engage with the support work on offer * Take part in community life and support the Emmaus ethos |

Please answer all of the questions on this form honestly as this will enable us to make a fair assessment of your application.

To learn more about Emmaus Colchester and what we have to offer go to [www.emmaus.org.uk](http://www.emmaus.org.uk)/colchester

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| **Declaration** |
| **I confirm that I have read the above information and understand that to live in an Emmaus community I would be expected to live in a community setting and work in the community’s social enterprise. Having read and understood this, I would like to continue with this application.** |

Referral Application

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| Referrer :  *(If self, write “self”)* |  | Contact Number: |  |

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| **Personal Details** | | | | | | | | |
| Names of Client/Applicant: | | | | | | Gender: | | |
| Date of birth: | National insurance number: | |  | | | | | |
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| Next of Kin: | Email address: | | | | | | | |
|  |  | | | | | | | |
| Contact number: |  | | | | | | | |
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| Country of origin: | Are you eligible for housing benefit? | | | yes |  | | no |  |
|  | *If you answered no, please give details:* |  | | | | | | |

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| **Current housing situation** | | | | | |
| Sleeping rough: |  | Social housing: |  | Private rent: |  |
| Hostel: |  | Facing eviction: |  | If so, when is your eviction? |  |
| Sofa surfing: |  | Long stay hospital: |  | Family home: |  |
| Prison: |  | Other *(give details):* |  | | |
| Where are you currently located – *address/site/town* | | | | | |
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| Skills and Qualifications *– briefly tell us about your most recent job, your skills, what you enjoy doing and your ambitions for the future*. | | | | | |
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| **Five-year housing history** | | | | | | | | |  |
| Start date | End date | | | Address | | Type of accommodation | | Reason for ending |  |
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| **Has the applicant ever lived in an Emmaus Community?** | | | | | | | | |  |
| Community | | | From | | To | | Reason for leaving | |  |
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| Please give any other support workers/organisations currently helping you with your accommodation needs | | | | | | | | |  |
| Support worker: | |  | | | | | | |  |
| Organisation: | |  | | | | | | |  |
| Address: | |  | | | | | | |  |
| Phone number: | |  | | | | | | |  |
| Email: | |  | | | | | | |  |

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| **Physical health** | | | | |
| Does the applicant have any physical health issues? If yes, please give details below – please include - diagnosis and date, treatment and is the applicant able to self-medicate | | | Yes | No |
|  | | | | |
| Does the applicant have any physical disability? If yes, please give details below, including accessibility requirements | | | Yes | No |
|  | | | | |
| Does the applicant have any allergies? If yes, please give details below, including severity, treatment and is the applicant able to self-medicate? | | | Yes | No |
|  | | | | |
| Does the applicant have any special dietary needs? If yes, please give details below | | | Yes | No |
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| Please list any current medication below | | | | |
| Name of medication | Dosage | Side effects | | |
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| Can the applicant climb stairs? | | | Yes | No |
| Is the applicant fit enough to work a five-day week in Emmaus? | | | Yes | No |

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| **Mental Health** | | | | | | | | |
| Does the applicant have any mental health issues | | | | | | Yes | | No |
| Please indicate the nature of these issues – *tick any relevant boxes* | | | | | | | | |
| Depression | |  | Schizophrenia | | | |  | |
| Alcohol abuse | |  | Psychosis | | | |  | |
| Drug abuse | |  | Self-harm | | | |  | |
| Anger problems/violence to self or others | |  | Suicide attempts | | | |  | |
| Diagnosed personality disorder | |  | Paranoia | | | |  | |
| Please give details of any known trigger(s) for episodes of the above | | | | | | | | |
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| Please give details of any mental health services applicant is engaged with | | | | | | | | |
| Contact name | Service | | | Phone number | Address | | | |
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|  |  | | |  |  | | | |
| Name of medication | | | | Dosage | Side effects | | | |
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| Does the applicant have any history of disengaging with staff and/or treatment when suffering any of the above? *Please give details below* | | | | | | | | |
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| **Drug Use** | | | | | | | | | |
| Please tick any drug/substance that you have used either recreationally that has been problematic – *space has been left for you to fill in any drug/substance that is not listed* | | | | | | | | | |
| Cannabis – in any form | |  | | Mephedrone | | | | |  |
| Cocaine | |  | | I never used **any** drugs | | | | |  |
| Magic Mushrooms | |  | |  | | | | | |
| Crack | |  | |  | | | | | |
| Heroin | |  | |
| LSD | |  | |  | | | | | |
| Ecstasy *or other MDMA variant* | |  | |
| Amphetamines | |  | |
| Ketamine | |  | |
| Please tick any drug/substance that has been problematic that you have used regularly | | | | | | | | | |
|  | Age Started | | | | Length and frequency of use | | | Length of time clean | |
| Cannabis – *in any form* |  | | | |  | | |  | |
| Cocaine |  | | | |  | | |  | |
| Crack |  | | | |  | | |  | |
| Heroin |  | | | |  | | |  | |
| LSD |  | | | |  | | |  | |
| Ecstasy, MDMA *or other variant* |  | | | |  | | |  | |
| Amphetamines |  | | | |  | | |  | |
| Ketamine |  | | | |  | | |  | |
| Mephedrone |  | | | |  | | |  | |
| Magic Mushrooms |  | | | |  | | |  | |
| NPS “Legal Highs” |  | | | |  | | |  | |
|  |  | | | |  | | |  | |
| Previous treatment for drug use | | | | | | | | | |
| Treatment received? | | | Agency | | | From | To | | |
|  | | |  | | |  |  | | |
|  | | |  | | |  |  | | |
| Current treatment for drug use | | |  | | |  |  | | |
| Treatment being undertaken? | | | Agency | | | From | To | | |
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| Any known triggers for drug use or relapse? |
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| Emmaus has a zero tolerance towards policy towards illegal, “legal high” and recreational drug use. Use of any such substance whilst a member of a Community can result in eviction and a possible ban from all Communities |

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| **Alcohol Use** | | | | | | | | | | | | | | | | | | |
| How many units of alcohol do you drink? | | | | | | | | | | | | | | | | | | |
| Daily | | | Weekly | | | | | Monthly | | | | Rarely | | | | | | |
| Approx. Units |  | | Approx. Units | |  | | | Approx. Units | |  | | Tick if you only drink rarely | | | | | |  |
| What alcohol do you drink? | | | | | | | | | | | | | | | | | | |
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| Has alcohol ever caused any of the following problems in your life? | | | | | | | | | | | | | | | | | | |
| Relationship breakdown | | | |  | | Victim of violence | | | | | | | | |  | | | |
| Debt | | | |  | | Aggression | | | | | | | | |  | | | |
| Eviction | | | |  | | Hospital admission | | | | | | | | |  | | | |
| Loss of Job | | | |  | | Cirrhosis | | | | | | | | |  | | | |
| Crime committed | | | |  | | Pancreatitis | | | | | | | | |  | | | |
| Other – *please specify* | |  | | | | | | | | | | | | | | | | |
| Have you ever sought or been advised to seek help for alcohol abuse? | | | | | | | | | Yes | | | | No | | | | | |
| Previous treatment for alcohol use | | | | | | | | | | | | | | | | | | |
| Treatment received | | | | | | | Agency | | | | From | | | | | To | | |
|  | | | | | | |  | | | |  | | | | |  | | |
| Current treatment for alcohol use | | | | | | |  | | | |  | | | | |  | | |
| Treatment being undertaken | | | | | | | Agency | | | | From | | | | | To | | |
|  | | | | | | |  | | | |  | | | | |  | | |
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| Do you have any triggers for binge drinking/excessive alcohol use? – *please give details* | | | | | | | | | | | | | | | | | | |
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| Do you have a family history of alcohol abuse? – *if yes, please give details below* | | | | | | | | | | | | | | Yes | | | No | |
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| Emmaus expects that people who have a history of alcohol abuse will be prepared to address this problem, and will work with them to do so.  Emmaus expects that people who return to a Community after drinking will go straight to their room; failure to do so might result in eviction and a ban from all Communities. | | | | | | | | | | | | | | | | | | |

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| **Gambling History** | | | | | |
| Have you gambled in the past? | | | | Yes | No |
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| Did you receive any help/support to abstain from gambling? | | | | Yes | No |
| Who by? | | | | | |
| Has gambling ever caused any of the following problems in your life? | | | | | |
| Relationship breakdown |  | Victim of violence |  | | |
| Debt |  | Offending |  | | |
| Eviction |  | Mental Health problems |  | | |
| Crime committed |  |  |  | | |
| Other – *please specify* | | |

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| **Offending History** | | |
| Criminal convictions – *if yes, please give details* | Yes | No |
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| Probation orders –*If yes, give details including Probation Office and named Officer* | Yes | No |
|  | | |
| Outstanding court appearances/warrants – *if yes, please give details* | Yes | No |
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| Cautions – *if yes, please give details* | Yes | No |
|  | | |
| Arson *(that may or may not have resulted in a criminal conviction) -* *if yes, please give details* | Yes | No |
|  | | |
| Violence *(that may or may not have resulted in a criminal conviction) -* *if yes, please give details* | Yes | No |
|  | | |
| Sexual offences/named on Sex Offenders Register – *if yes, please give details* | Yes | No |
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| **Financial History** | | | | |
| Assets/Savings | |  | | |
| Bank account(s) | |  | | |
| Debts | | | | |
| Amount owed | For what | | To whom | Since year |
|  |  | |  |  |
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| **Confidentiality** |
| Emmaus respects your confidentiality, any information provided will only be used to assist in the risk assessment, needs assessment and selection processes needed to comply with our admission policy, a copy of which is available on request. This information will be kept secure and only for as long as needed and not be seen by anyone who is not involved in the above process.  **I agree that the information I have supplied is true and correct and may be used for the purposes set out above. I understand that giving information I know to be false may lead to my licence to occupy being withdrawn**.  **Signature of applicant………………………………………………..**  **Date…………………………………………………………………………..** |

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| **Referees** | | | |
| Please give **two** referees who have either worked with you in the recent past or who are working with you currently, e.g. probation officer, support agency worker, (former) employer, volunteer coordinator. | | | |
| Name |  | Relationship |  |
| Contact details –*please include, mobile and office numbers, email and business address* | | | |
|  | | | |
| Name |  | Relationship |  |
| Contact details – *please include, mobile and office numbers, email and business address* | | | |
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| **Consent Disclosure** |
| *If your referral is being returned via email please note that once this section has been completed,* ***pages 8 and 9 should be printed, signed, scanned and returned with the completed referral****. Please retain the original, should it be required in the future.*  Date ...../…../……….  Name ………………………………………………………………………………………………………….  NI number …………………………………………………………………………………………………..  I give my permission for to disclose my information to **Emmaus Colchester**  I give my consent under the Data Protection Act 1998 for **Emmaus Colchester** to contact any relevant agencies regarding myself  It is understood that this may also include checks with the Police.  Sign: (Applicant)……………………………………………………………………………………………………………………………………………………………  Sign: (On behalf of Referral Agency)…………………………………………………………………………………………………………………………….. |