



To apply to join our community, please complete this form and return to ReferralsECW@emmaus.org.uk or by post to:

Emmaus Coventry & Warwickshire, The Old Vicarage, Brinklow Road, Binley, Coventry, CV3 2DT

(* denotes mandatory field)

Office use only			
Date received*		EUK reference*	
Allocated to*		Outcome*	

Referrer details			
<i>Please complete this section if you are making a referral on behalf of someone else.</i>			
Name*		Contact details*	
Agency*		Relationship to applicant	
<p>I confirm that the applicant has given their consent for me to send this application on their behalf and is happy, based on the information given on the information sheet, that Emmaus could offer appropriate support to meet their needs.* <input type="checkbox"/></p>			

Personal Information

Full name*		Date of birth*	
Contact number*	No contact number available <input type="checkbox"/>	Email address	
Pronouns		National Insurance No.	
First/preferred language*		Conversational English?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/unsure <input type="checkbox"/>
Interpreter required*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you read and write in English?*	Read: Yes <input type="checkbox"/> No <input type="checkbox"/> Write: Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you stayed in an Emmaus community before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which communities?	
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What do you know about Emmaus?
Why do you think joining an Emmaus community could be right for you?*

Current Housing Situation

Which of these options best describes your housing situation?*

- Rough sleeping Night shelter or Foyer Hostel Hotel or B&B
Accommodation for people seeking asylum Unconventional (e.g. car, caravan, boat etc)
Temporarily staying with friends/family/other (sofa surfing) Private rented tenant
Social housing tenant Homeowner Prison or Approved Premises
Hospital or residential care Other (please specify)

If you have existing accommodation, is it unsafe, unsuitable or unreasonable to occupy
(for example, due to poor conditions or overcrowding)?*

Yes No Details:

When did you lose your most recent accommodation, or when are you likely to lose your current accommodation?
*Estimate date if needed. Include institutional discharge date. **

Date:

Which town/city/area/borough are you living in? *

Immigration and Financial Situation

What is your immigration status?*	British Citizen <input type="checkbox"/> Indefinite Leave to Remain <input type="checkbox"/> Limited Leave to Remain <input type="checkbox"/> Pre-Settled Status <input type="checkbox"/> EU Settled Status <input type="checkbox"/> Refugee <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
Are you entitled to claim benefits?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/unsure <input type="checkbox"/>	Are you currently receiving any benefits?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/unsure <input type="checkbox"/>
If yes, which benefit(s)?*	Housing Benefit <input type="checkbox"/> Universal Credit (UC) <input type="checkbox"/> Jobseeker's Allowance (JSA) <input type="checkbox"/> Employment and Support Allowance (ESA) <input type="checkbox"/> Personal Independence Payment (PIP) <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
Do you have the right to work in the UK?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/unsure <input type="checkbox"/>	Are you currently working?*	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/unsure <input type="checkbox"/>
If yes, which type of work?*	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		

Support Needs

Substance use* Current issue <input type="checkbox"/> Past issue <input type="checkbox"/> No issue <input type="checkbox"/> Details:	Neurodivergence* Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Details:
Finances (e.g. debt, gambling etc.)* Current issue <input type="checkbox"/> Past issue <input type="checkbox"/> No issue <input type="checkbox"/> Details:	Learning difference/disability* Current issue <input type="checkbox"/> Past issue <input type="checkbox"/> No issue <input type="checkbox"/> Details:
Physical health* Current issue <input type="checkbox"/> Past issue <input type="checkbox"/> No issue <input type="checkbox"/> Details:	Do you have any unspent convictions, outstanding charges or arrest warrants?* Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Details:
Mental health* Current issue <input type="checkbox"/> Past issue <input type="checkbox"/> No issue <input type="checkbox"/> Details:	Any other support need* Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Details:

Equality, Diversity and Inclusion Information

At Emmaus in the UK, we prioritise equality, diversity and inclusion (EDI) for all companions and potential companions. We collect personal data for monitoring purposes to ensure fair treatment and assess our progress in promoting diversity.

Your information will be treated confidentially and securely and used solely for monitoring and reporting purposes. Participation is voluntary, and you may not wish to disclose certain details.

How would you describe your ethnic group?

White, including:

- Welsh English Scottish Northern Irish British
Irish European Gypsy or Traveller Roma
Any other White background (please specify)

Mixed / Multiple ethnic groups, including:

- White and Black Caribbean White and Black African
White and Asian Any other Mixed Multiple ethnic background

Asian / Asian British, including:

- Indian Pakistani Bangladeshi
Chinese Any other Asian background

	<p>Black / African / Caribbean / Black British, including:</p> <p>African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean background <input type="checkbox"/></p> <p>Other ethnic group, including: Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>		
<p>In which of the following do you have citizenship?</p>	<p>British/UK citizen <input type="checkbox"/></p> <p>European Union (EU) / European Economic Area (EEA) <input type="checkbox"/></p> <p>Country outside of UK/EU/EEA <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p>How would you describe your religious beliefs?</p>	<p>Buddhist <input type="checkbox"/> Christian <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/> Jewish <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/> Sikh <input type="checkbox"/></p> <p>No religion <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>
<p>How would you describe your relationship status?</p>	<p>Married <input type="checkbox"/> Civil partnership <input type="checkbox"/></p> <p>Divorced <input type="checkbox"/> Single <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p>Are you currently pregnant?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>

<p>How would you describe your gender identity?</p>	<p>Male (including transgender man) <input type="checkbox"/></p> <p>Female (including transgender woman) <input type="checkbox"/></p> <p>Prefer to self describe as non-binary, gender-fluid, agender or other <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p>Is the gender you identify with the same sex you were registered with at birth?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>
<p>How would you describe your sexual orientation?</p>	<p>Bisexual <input type="checkbox"/></p> <p>Pansexual <input type="checkbox"/></p> <p>Gay man <input type="checkbox"/></p> <p>Gay woman/lesbian <input type="checkbox"/></p> <p>Heterosexual <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p>Do you consider yourself to be a disabled person?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unknown/unsure <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p> <p><i>If yes, please specify:</i></p> <p>Learning difference/disability <input type="checkbox"/></p> <p>Sensory impairment <input type="checkbox"/></p> <p>Long term illness/health condition <input type="checkbox"/></p> <p>Mental health condition <input type="checkbox"/></p> <p>Physical impairment <input type="checkbox"/></p> <p>Cognitive impairment <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>

Consent Declaration

I consent to the collection, processing and sharing of my personal information as part of my application to Emmaus in the UK. I understand that the information collected will be used for the purpose of assessing my eligibility and suitability for supported housing services. This includes, but is not limited to, information related to my personal details, housing history, health, financial status, and any other details relevant to the provision of supported housing.

This sharing of information will only occur as necessary for the purpose of providing and coordinating support and accommodation, and will only be shared with Emmaus communities that you have indicated you would be happy to have your referral passed to. Your information will not be shared with third parties.

I understand that I have the right to request access to the personal information held about me and to request corrections if necessary. I acknowledge that I have read and understood the information provided in this consent form. I willingly provide my consent for the collection, processing, and sharing of my personal information as outlined above.

**Applicant's
full name*:**

**Applicant's
signature*:**

Date*:

What happens next?

**Please complete this form and return to ReferralsECW@emmaus.org.uk or by post to:
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A member of staff will make initial contact with you and/or the person referring you in a timely manner, and discuss arranging an initial assessment appointment.

If you have any further questions, please get in touch:

Email us: ReferralsECW@emmaus.org.uk

Call us: 02476 651094