

**APPLICATION INFORMATION FOR A PLACE AT EMMAUS GLOUCESTERSHIRE**

We support people who have experienced homelessness and social exclusion by offering a home and meaningful work. Unlike a hostel, we are a community of people who live and work together, supporting ourselves and one another through our social enterprise. This aims to help you brush up the skills you might not have used for a while, gain new skills, and experience, and move forward with your life in a positive way. Emmaus is not a religious organisation and we welcome people from all faiths and backgrounds.

There is no limit on how long you can stay at Emmaus Gloucestershire, as long as you agree to take part in community life and follow a few simple rules. In joining us, everyone must agree to:

* Sign off all benefits, with the exception of housing benefit and PIP/DLA
* Volunteer to work 40 hour per week within Emmaus Gloucestershire
* Abide by the rules regarding Emmaus Gloucestershire’s supportive zero tolerance to drugs
* Respect other people

We provide:

* A home for as long as you need it, with your own furnished single room
* All food, work clothes and safety equipment
* Access to training/qualifications through the training fund
* Volunteers’ allowance of £46 per a week
* Resettlement fund of £10 per a week which may be accessed when you leave/move on from the community
* Support to overcome any problems you may be experiencing, realise your aspirations, potential, and plan for your future

To be eligible to apply to Emmaus Gloucestershire you must be:

* Over 18
* Either homeless, or at risk of becoming homeless, or to have been referred by another project catering for the same
* Not taking non-prescribed illicit drugs
* Not dependent on alcohol
* Under medical care for any current mental health issues and, or, willing to engage and receive mental health care for future mental health needs
* Able and willing to volunteer 40 hours a week within the social enterprise
* Willing to come off benefits, with the exception of housing benefit and PIP/DLA, unless you have no recourse to public funds
* Sufficiently independent to cope with periods where there are no staff present
* Willing to live by the community rules
* Willing to contribute to, and able to live in, a community setting

We are currently accepting referrals for consideration, so please complete the attached form and return it to us. Alternatively, if you have any questions, please do not hesitate to contact us and we will be happy to help.



DATE COMPLETED/RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMMAUS GLOUCESTERSHIRE COMMUNITY**

**APPLICATION FORM**

***Please be as honest as possible when completing your application form. The information we gather is not to be prejudice against you. We mean to use it to help support you better.***

***However, should you not provide relevant information, which becomes known once accepted, this may impact on your place at Emmaus Gloucestershire.***

*The personal information collected on this form and on any attachments (which includes the collection of sensitive personal data) will be treated in the strictest confidence. Application forms (and attachments) of unsuccessful applications will be destroyed after 3 months. Our privacy statement is available here:*

<https://emmaus.org.uk/gloucestershire/about-us/privacy-statements/>

**Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicants Name:** | |  |  |  |
| **Have you ever been known by any other name(s)?**  First name and or surname. Please include all legal and non-legal changes | | |  | |
| **Date of Birth:** |  | | **Age:** |  |
| **Gender:** | Male  Female | | | |
| **Nationality:** |  | | **Country of Birth:** |  |
| If you haven’t always lived in the UK, please state how long you have been in the UK: | | |  |  |
| **National Insurance No:** | |  | | |
| **Are you eligible to receive housing benefit:**  You must be able to receive housing benefit in order to reside at Emmaus Gloucestershire. However, we have some solidarity beds for individuals that have no recourse to public funding. | | | YES  NO | |
| **If you are not eligible to receive housing benefit:**  Please state reasons why and your current situation to include information with regards to any appeals made/ongoing. | |  | | |
| **Contact Address:** |  | | | |
| **Contact Numbers:**  (Including mobile) |  |  |  |  |
| **Email:** |  |  |  |  |

|  |  |
| --- | --- |
| **Self-Referral?**  **YES** – go to Q1  **NO** – complete Referrer’s Details | YES  NO |

**Referrer’s Details**

|  |  |
| --- | --- |
| **Referrer’s Name:** |  |
| **Position:** |  |
| **Agency:** |  |
| **Contact Address:** |  |
| **Contact Numbers:**  (Including mobile) |  |
| **Email:** |  |

|  |
| --- |
| **HOUSING/HOMELESSNESS HISTORY:** |

|  |
| --- |
| **Q1 – What is your current housing situation?**  *Please tick all that apply:*  Sleeping Rough  Social Housing  Private Rental  Family Home  Hostel  Sofa Surfing  Facing Eviction  Prison  Long Stay Hospital  Other |

|  |
| --- |
| **If currently in prison –** Please state which prison, ID number and release date: |
| **If recently released from prison –** Please state which prison, release date, details of licence period and probation information: |

**YOUR STORY....**

**Q2** - Please give a brief account of your life history up till this point. How did you become homeless? Where have you lived? Problems/issues that have arisen in the past?

|  |
| --- |
|  |

**Q3** - Have you lost accommodation in the past? Please give details:

|  |
| --- |
|  |

**Q4** – Have you ever lived in an Emmaus Community? YES  NO

If answering **YES**, please give information regarding which communities and dates and reason for leaving:

|  |
| --- |
|  |

**Q5** - Please list any Emmaus Communities that you have applied to including dates of application:

|  |
| --- |
|  |

|  |
| --- |
| **DRUG HISTORY:** |

**Q6** - Have you had, or still have problems with drugs? YES  NO

*If answering* ***NO****, please go to* ***Alcohol Use Section****.*

**Q7** - What drugs do you currently use? How much/How often?

|  |
| --- |
|  |

**Q8** - What drugs did you previously use? How much/How often?

|  |
| --- |
|  |

**Q9** - If not currently using drugs, how long have you been “clean”?

|  |
| --- |
|  |

**Q10** - If not currently using drugs, have you had any recent lapses? YES  NO

If **YES**, please give details:

|  |
| --- |
|  |

**Q11** - Are you currently on a heroin substitute programme? (Methadone/Subutex/Diamorphine Amps)

YES  NO

*If* ***NO*** *please go to* ***Q14***

**Q12** - How much medication are you currently on? How long have you been taking it? Is this daily or weekly collection? Have you reduced the amount? How much did you stabilise on?

|  |
| --- |
|  |

**Q13** - Who is your prescribing Doctor or Addiction Nurse? Please give contact details:

|  |
| --- |
|  |

**Q14** - Have you ever been in a drug rehabilitation unit? YES  NO

If **YES**, please give details.

|  |
| --- |
|  |

**Q15** - Have you had contact with any drugs agencies/services? YES  NO

If **YES**, please give details including contact details. Please state if using services now or in the past.

|  |
| --- |
|  |

**Q16** - Please give any other relevant details with regards to your drug history:

|  |
| --- |
|  |

If you have a drug history – you may be asked to complete four weeks of drug testing (twice weekly) – completed either by ourselves, or by a drugs agency/GP of your choice, prior to entry into the community. If accepted into the community, drug testing will continue for a period of time, as agreed with your Support Worker, and then random drug testing will take place throughout the duration of your stay with Emmaus Gloucestershire.

* ***Please note that all companions joining Emmaus Gloucestershire are urine tested and breathalysed upon arrival, regardless of any information stated on the application form***

|  |
| --- |
| **ALCOHOL USE:** |

**Q17** - Have you had, or still have problems with alcohol? YES  NO

*If answering* ***NO****, please go to* ***Gambling Addiction Section****.*

**Q18** - Are you currently using alcohol? YES  NO

If **YES**, please give details; is this on a daily basis? How much? etc:

|  |
| --- |
|  |

**Q19** - Do you believe you have an alcohol problem? YES  NO

If **YES**, what actions are you prepared to take to address your alcohol problem?

(Emmaus has an expectation that you are prepared to address your alcohol issues). Please answer below and then go to **Q22:**

|  |
| --- |
|  |

**Q20** - If not currently using alcohol, how long have you been “dry”?

|  |
| --- |
|  |

**Q21** - If not currently using alcohol, have you had any recent lapses? YES  NO

If **YES**, please give details:

|  |
| --- |
|  |

**Q22** - Have you ever had an alcohol detox? YES  NO

If **YES**, please give details:

|  |
| --- |
|  |

**Q23** - Have you ever been in an alcohol rehabilitation unit? YES  NO

If **YES**, please give details:

|  |
| --- |
|  |

**Q24** - Have you had contact with any alcohol support agencies/services? YES  NO

If **YES**, please give contact details. Please state if using services now or in the past.

|  |
| --- |
|  |

**Q25** - Please give any other relevant details with regards to your alcohol history:

|  |
| --- |
|  |

If you have had an issue with alcohol – you may be asked to enter the community under a dry licence which may include daily or random breathalysing.

* ***Please note that all companions joining Emmaus Gloucestershire are urine tested and breathalysed upon arrival, regardless of any information stated on the application form***

|  |
| --- |
| **GAMBLING ADDICTION:** |

**Q26** - Have you had, or still have problems with gambling? YES  NO

*If answering* ***NO****, please go to* ***Physical Health Section****.*

**Q27** - Are you currently gambling? YES  NO

If **YES**, please give details; is this on a daily basis? What do you gamble on? How much? etc:

|  |
| --- |
|  |

**Q28** - Do you believe you have a gambling problem? YES  NO

If **YES**, what actions are you prepared to take to address your gambling problem? (Emmaus has an expectation that you are prepared to address your gambling issues):

|  |
| --- |
|  |

**Q29** - If not currently gambling, how long has it been?

|  |
| --- |
|  |

**Q30** - Have you had contact with any gambling support agencies/services? YES  NO

If **YES**, please give contact details. Please state if using services now or in the past.

|  |
| --- |
|  |

**Q31** - Please give any other relevant details with regards to your gambling history:

|  |
| --- |
|  |

|  |
| --- |
| **PHYSICAL HEALTH:** |

**Q32** - Are you registered with a GP? YES  NO

If **YES**, please give contact details. If **NO**, please state why and contact details of previous GP:

|  |
| --- |
|  |

**Q33** - Do you have any current/past health issues? YES  NO

*If answering* ***NO****, please go to* ***Mental Health Issues Section****.*

Please give details of current/past health issues, including details of any medication:

|  |
| --- |
|  |

**Q34** - Do you have any disabilities? YES  NO

If **YES**, please give details:

|  |
| --- |
|  |

**Q35** - Do you have any allergies? YES  NO

If **YES**, please give details:

|  |
| --- |
|  |

**Q36** - Is there anything we need to know to make your stay at Emmaus more comfortable?

|  |
| --- |
|  |

**Q37** - Please give details of any involvement with any health organisations/support agencies:

|  |
| --- |
|  |

**Q38** - Are you currently taking medication that is not prescribed to you?

|  |
| --- |
|  |

**Q39** - Please give any other relevant details with regards to your physical health:

|  |
| --- |
|  |

|  |
| --- |
| **MENTAL HEALTH ISSUES:** |

**Q40** - Do you have any current/past mental health issues? YES  NO

*If answering* ***NO****, please go to* ***Offending History Section***.

**Q41** - Please give details of current/past problems including details of any medication:

|  |
| --- |
|  |

**Q42** - Have you ever been sectioned? (Voluntary or involuntary?) YES  NO

If **YES**, please give details including hospital, dates, length of stay, etc?

|  |
| --- |
|  |

**Q43** - Have you had a mental health assessment? YES  NO

If **YES**, please give contact details of who did the assessment and date of the assessment:

|  |
| --- |
|  |

**Q44** - Please give details of any involvement with any mental health organisations/support agencies/CPN:

|  |
| --- |
|  |

**Q44** - Please give any other relevant details with regards to your mental health:

|  |
| --- |
|  |

**Q45** - Do you have a history of self-harm? YES  NO

If **YES**, please give details including dates:

|  |
| --- |
|  |

**Q46** - Have you ever tried to commit suicide? YES  NO

If **YES**, please give details including dates:

|  |
| --- |
|  |

|  |
| --- |
| **OFFENDING HISTORY:** |

**Q47** - Please give details of current/previous criminal convictions including dates:

|  |
| --- |
|  |

**Q48** - Please give details of any driving offences including dates and penalties:

|  |
| --- |
|  |

**Q49** - Please give details of current/previous probation orders including dates:

|  |
| --- |
|  |

**Q50** - Please give details of any outstanding/pending charges, warrant and court appearances:

|  |
| --- |
|  |

**Q51** - Have you ever committed a violent offence (which may or may not have resulted in a conviction?):

Please give details:

|  |
| --- |
|  |

**Q52** - Have you ever committed arson (which may or may not have resulted in a conviction?):

Please give details:

|  |
| --- |
|  |

**Q53** - Have you ever committed a schedule one offence (rape, sexual assault, etc?) (which may or may not have resulted in a conviction): If Yes, are you on the sex offenders register?

Please give details:

|  |
| --- |
|  |

**Q54** - Have you ever been issued with an ASBO or an exclusion order?

Please give details:

|  |
| --- |
|  |

**Q55** - Any further details you wish to add with regards to your criminal history?

|  |
| --- |
|  |

|  |
| --- |
| **ADDITIONAL INFORMATION** |

**Q56** - Do you have any support needs that you feel Emmaus will need to address? E.g., Learning Difficulties etc.,

|  |
| --- |
|  |

**Q57** - Do you have any religious or cultural needs?

|  |
| --- |
|  |

**Q58** – Have you received any COVID-19 vaccines? YES  NO

If **YES**, please provide approximate dates for 1st, 2nd and or booster vaccine:

|  |
| --- |
|  |

**Q59** - Do you have debts? YES  NO

If answering **YES**, please give details:

|  |
| --- |
|  |

**Q60** - Do you have a bank account? YES  NO

**Q61** - Do you smoke? YES  NO

**Q62** - Are you able to cook for yourself? YES  NO

**Q63** - Are you able to clean your own room & clothes? YES  NO

**Q64** - Are there any dates in the year that you find hard to deal with? Such as anniversaries of deceased’s birthdays etc? How do you feel that Emmaus could support you with this?

|  |
| --- |
|  |

**Q65** - How would you describe yourself?

|  |
| --- |
|  |

**Q66** - Why do you want to be a companion at Emmaus Gloucestershire?

|  |
| --- |
|  |

**Q67** - How do you feel about living in a community? Do you have previous experience of living in a community?

|  |
| --- |
|  |

**Q68** - Please give details of previous employment, training and skills that you have:

|  |
| --- |
|  |

**Q69** - Please give details of any skills/experience/qualifications you would like to develop if accepted into the community:

|  |
| --- |
|  |

**Q70** - Do you have a driving licence?

*Please tick all that apply:*

YES  NO  FULL  PROVISIONAL  CAR  MINIBUS

VALID  DISQUALIFIED

Date (year) passed car driving test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penalty Points (number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q71** - Do you have a passport?

*Please tick all that apply:*

YES  NO  VALID  EXPIRED

**Q72** - Do you have a birth certificate? YES  NO

**Q73** - Is there anything else you would like to add? Please outline any details/information that you feel might support your application:

|  |
| --- |
|  |

|  |
| --- |
| **REFERENCES** |

Please give details of people we can contact for a reference. The reference person must be a recognised professional that has worked with you and knows you. This can also be the same person who is referring you.

**REFEREE’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **NAME:** |  |
| **POSITION:** |  | **POSITION:** |  |
| **AGENCY:** |  | **AGENCY:** |  |
| **CONTACT ADDRESS:** |  | **CONTACT ADDRESS:** |  |
| **CONTACT NUMBERS:**  **(INCLUDING MOBILE)** |  | **CONTACT NUMBERS:**  **(INCLUDING MOBILE)** |  |
| **EMAIL:** |  | **EMAIL:** |  |

* Referral statistics are collected for reporting periods; however, no personal information will be shared. Any information collected will be anonymised. Please sign below to confirm you agree for non-personal information to be collected and shared for statistical purposes.

Applicants Signature:

Print Name:

Date Signed:



**VOLUNTEER RELATED HEALTH AND SAFETY QUESTIONNAIRE**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To help in your assessment, please complete the following health and safety form:

DETAILS

|  |  |  |
| --- | --- | --- |
| High blood pressure/Angina/Heart attack/Stroke | YES  NO |  |
| Back related problems | YES  NO |  |
| Arthritis | YES  NO |  |
| Skin Condition (e.g., eczema) | YES  NO |  |
| Liver Disease | YES  NO |  |
| Balance Problems (e.g. vertigo) | YES  NO |  |
| Work related breathing difficulties  (e.g., asthma, emphysema) | YES  NO |  |
| Any other work related physical disability/problem | YES  NO |  |
| Mental health issue, such as problems working closely with companions or general public | YES  NO |  |

**I agree that the information provided is true and correct. I acknowledge that by giving information which I know to be false, I may be at risk of my licence to occupy being withdrawn.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **ABILITY TO VOLUNTEER:** |

Please confirm your willingness to volunteer 40 hours per week in the community and its social enterprises:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_confirm my willingness to volunteer 40 hours per week as stated above.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **CONSENT DISCLOSURE:** |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Insurance No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent under the Data Protection Act 1998 for Emmaus Gloucestershire to contact any relevant agencies regarding myself in the best interests of me and the community. I understand this also includes checks with the police. If I am accepted at Emmaus Gloucestershire I also agree to Emmaus Gloucestershire sharing information about me with other agencies as needed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* \* \* \* \* \*

*The personal information collected on this form and on any attachments (which includes the collection of sensitive personal data) will be treated in the strictest confidence. Application forms (and attachments) of unsuccessful applications will be destroyed after 3 months. Our privacy statement is available here:* <https://emmaus.org.uk/gloucestershire/about-us/privacy-statements/>

**I agree that the information provided is true and correct to the best of my knowledge. I acknowledge that by giving information which I know to be false, I may be at risk of my licence to occupy being withdrawn.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* \* \* \* \* \*

**Once completed, please return this application to:**

**By Email:** [Lorraine@emmausglos.org.uk](mailto:Lorraine.watson@emmaus.org.uk)

**By Post: Support Team (Referrals)**

**Emmaus Gloucestershire**

**Chequers Road**

**Gloucester**

**GL4 6PN**

**For Any Queries: 01452 687 064**

**Last update: March 2023**