****

**REFERRAL FORM**

* **Do you want to do something different with your life?**
* **Do you want to help others while helping yourself?**
* **Are you willing to work as a volunteer to the best of your ability to improve your life and that of those around you?**
* **Are you willing to take responsibility for making good things happen?**
* **ARE YOU LOOKING FOR A CHALLENGE?**

**If so, we can offer you:**

* **A chance to build upon your social and employment skills by volunteering within our social enterprise. (40hrs)**
* **Full board accommodation in your own room in our community.**
* **Support to help with issues you may need to deal with & referral to specialist agencies.**
* **A small allowance and toiletries**
* **Holidays, social activities and events**
* **A chance to be part of the Worldwide Emmaus Movement where you become part of a global family.**

**We are very keen to ensure this is a positive experience for you and us. Therefore, we will need to carry out Risk and Needs Assessments to make sure it is right for both parties.**

**Referral Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referrer:  (if self, write ‘self’) | | | | |  | | | | | | | | | | | | | | | | | | Contact  Number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of applicant: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gender: | | | | | | |  | | | | | | | | | | | |
| Date of birth: | | | | |  | | | | | | | | | | | N I number: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Phone number: | | | | |  | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Country of origin: | | | | |  | | | | | | | | | | | Are you eligible for housing benefit? | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | | **No** | | | |
|  | | | | | | | | | | | | | | | | If you answered no, please give details: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Next of Kin: | | | | |  | | | | | | | | Contact details: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current housing situation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleeping Rough: | | | |  | | | | | | Social housing: | | | | | | | | | | | | |  | | | | | | Private rent: | | | | | | | | | |  | | | | | | | | | | | | | |
| Hostel: | | | |  | | | | | | Facing eviction: | | | | | | | | | | | | |  | | | | | | Eviction date? | | | | | | | | | |  | | | | | | | | | | | | | |
| Sofa  surfing: | | | |  | | | | | | Long stay  Hospital: | | | | | | | | | | | | |  | | | | | | Family home: | | | | | | | | | |  | | | | | | | | | | | | | |
| Prison: | | | |  | | | | | | Other(give details): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where are you currently located – address/site/town | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skills and qualifications – briefly tell us about your most recent job, your skills, what you enjoy doing and your ambitions for the future | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Five-year housing history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start date | | | End date | | | | | | | | Address | | | | | | | | | | | | | | | | | Type of accommodation | | | | | | | | Reason for ending | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant ever lived in an Emmaus community? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community | | | | | | | From | | | | | | | To | | | | | | | | | Reason for leaving | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Please give any other support workers/ organisations currently helping you with your accommodation needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Support worker: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisation: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical health** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant have any physical health issues? If yes please give details below – include diagnosis, treatment and ability to self-medicate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant have any physical disability? If yes please give details below – include accessibility requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant have any allergies? If yes please give details below – including severity, treatment and ability to self-medicate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant have any special dietary needs? If yes please give details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any current medication below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of medication | | | | | | | | | | | | | | | | | | Dosage | | | | | | | | | | | | | | | | | Side effects | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Can the applicant climb stairs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | | |
| Is the applicant fit enough to work a five day week in Emmaus? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give details of any mental health services applicant is engaged with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact name | | | | | | | | | | | | Service | | | | | | | | | | | | | | | | | Phone number | | | | | | | | | | Address | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drug use** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick any drug/substance that you have used recreationally | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cannabis – any form | | | | | | | | | | | | | | | | | |  | | | | | Mephedrone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Cocaine | | | | | | | | | | | | | | | | | |  | | | | | Heroin | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| LSD | | | | | | | | | | | | | | | | | |  | | | | | Ecstasy or other MDMA variant | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Amphetamines | | | | | | | | | | | | | | | | | |  | | | | | Ketamine | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| NPS ‘Legal Highs’ | | | | | | | | | | | | | | | | | |  | | | | | I never used **any** drugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Other – please specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Please tick any drug/substance that you have used regularly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Drug** | | | | | | | | | | | | | | | | | **Age started** | | | | | | | | | | | | **Length and frequency of use** | | | | | | | | | | | | | | | | **Length of time clean** | | | | | | | |
| **Cannabis** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Cocaine** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Crack** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Heroin** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **LSD** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Ecstasy, MDMA or other variant** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Amphetamines** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Ketamine** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Mephedrone** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Magic Mushrooms** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **NPS ‘Legal Highs’** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Other** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| Previous treatment for drug use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Treatment received** | | | | | | | | | | | | | | | | | | | **Agency** | | | | | | | | | | | | | | | | | | | | | **From** | | | | | | | **To** | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| Current treatment for drug use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Treatment received** | | | | | | | | | | | | | | | | | | | | **Agency** | | | | | | | | | | | | | | | | | | | | | **From** | | | | | | **To** | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Any known triggers for drug use or relapse? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emmaus has a zero tolerance policy towards illegal, ‘Legal highs’ and recreational drug use. Use of any substances whilst a member of a community can result in eviction and a possible ban from all communities.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Offending | | | | | | | | | | | | | | | | | | | | |  | | | | | | 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 received** | | | | | | | | | | | | | | | | | | | | **Agency** | | | | | | | | | | | | | | | | | | | | | **From** | | | | | | **To** | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Do you have any triggers for binge drinking / excessive alcohol use? – please give details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a family history of alcohol abuse? – if yes please give details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emmaus expects people who have a history of alcohol abuse to be prepared to address this problem and will work with them to do so**  **Emmaus expects 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gambling history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you gambled in the past? – if yes please give details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do 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 | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Loss of job | | | | | | | | | | | | | | | | | | | | | |  | | | | Other – please specify | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Offending history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Criminal convictions – if yes please give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Probation orders – if yes please give details including Probation office and named office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outstanding court appearances / warrants – if yes please give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assets / savings | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Account(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Debts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount owed | | | | | | | | | For what | | | | | | | | | | | | | | | | | | To whom | | | | | | | | | | Since year | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Confidentiality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emmaus respects your confidentiality, any information provided will only be used to assist in the risk assessment, needs assessment and selection process 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 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.**  **Signature of applicant:**  **Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referees** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 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 to disclose my information to EMMAUS  I give my consent under the Data Protection Act 1998 for EMMAUS to contact any relevant agencies regarding myself in the best interests of myself and the Emmaus community.  It is understood that this may also include checks with the Police.  Sign: (Applicant)  Sign: (On behalf of Referral Agency) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please return your completed application form to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hayley Gall  Community Support Officer  Emmaus Leicestershire and Rutland  The Emporium  Stockwell Head  Hinckley  LE10 1RG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Or by email to: **hayley.gall@emmaus.org.uk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |