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| **Application to join an Emmaus community** |  |

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

**About Emmaus**

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. Emmaus is not a religious organisation and we welcome people from all faiths and backgrounds.

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

**What is it like to live in an Emmaus community?**

If you want to live in an Emmaus community we ask that you sign off all benefits, with the exception of housing benefit (we do also accept people with no recourse to public funds), and agree to work for 40 hours per week, to the best of your ability, in our social enterprise. This aims to help you to 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.

**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. The work could include working in the shop, sorting items in the warehouse, going out to make deliveries in our vans, or working in the community home.

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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 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 and what we have to offer go to [www.emmaus.org.uk](http://www.emmaus.org.uk)

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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. | |
| **Referrer details** | | |
| *Please complete this section if you are making a referral on behalf of someone else.* | | |
| Name: | | Contact details: |
| Agency (if applicable): | | Relationship to applicant: |
|  | 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 previous page, that Emmaus could offer appropriate support to meet their needs. | |

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| **Personal information** | | | |
| Name of applicant: | | | Gender: |
| Date of birth: | Nationality: | | National Insurance Number: |
| Contact telephone: | | Contact email: | |
| What would be the best way to contact you? | | | |
| Are you eligible for to claim Housing Benefit?  Yes  No | | If no, please say why | |

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| **Current housing situation** | | | |
| Sleeping rough: | Social housing: | | Family Home: |
| Hostel: | Facing eviction: | | Private rental: |
| Sofa surfing: | Long stay hospital: | | Prison: |
| Other (please give details) | | | |
| Where are you currently living? – address / site / town | | | |
| Have you lived at an Emmaus community before?  Yes  No | | If yes, which Emmaus community/communities? | |

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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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| 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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| **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 |
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| Does the applicant have any physical disability? If yes, please give details below, including accessibility requirements | Yes | No |
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| 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 |
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| 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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| **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 | | |
|  | | | | | | |  | | | |  | | | | |  | | |
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| 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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| **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 | |  | | 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 | | |
|  | | |  | | |  |  | | |
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| 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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| **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 |
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| Outstanding court appearances/warrants – *if yes, please give details* | Yes | No |
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| Cautions – *if yes, please give details* | Yes | No |
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| Arson *(that may or may not have resulted in a criminal conviction) -* *if yes, please give details* | Yes | No |
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| Violence *(that may or may not have resulted in a criminal conviction) -* *if yes, please give details* | Yes | No |
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| 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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| **There are 29 Emmaus communities across the UK. Please state which communities you would be happy for your referral to be passed to.** | | | | | |
| **Please note:** all Emmaus communities are independent charities and have their own privacy statements. You should read the privacy statement for the community/communities you are applying to before submitting your application. These can be found at: <https://www.emmaus.org.uk/community_privacy_statements> | | | | | |
| Bolton |  | Greenwich |  | Merseyside |  |
| Brighton & Hove |  | Hampshire |  | Mossley (G. Manchester) |  |
| Bristol |  | Hastings & Rother |  | Norfolk & Waveney |  |
| Burnley |  | Hertfordshire |  | North East |  |
| Cambridge |  | Hull & East Riding |  | Oxford |  |
| Colchester |  | Lambeth |  | Preston |  |
| Coventry & Warwickshire |  | Leicestershire & Rutland |  | Salford |  |
| Dover |  | Leeds |  | South Wales |  |
| Glasgow |  | Medway |  | Village Carlton (Bedford) |  |
| Gloucestershire |  | I would be happy to be considered by any Emmaus community: | | |  |

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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 | | | |
| Name |  | Relationship |  |
| Contact details –*please include, mobile and office numbers, email and business address* | | | |
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| 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**  I give my consent under the Data Protection Act 2018 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)………………………………………………… |

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| **Declaration** |
| Emmaus Norfolk and Waveney will process your application in accordance with our privacy statement for companions. This provides more information about what information we collect, how and why we process it, as well as your rights with respect to the data. You can read our privacy statement at [www.emmaus.org.uk/norfolk\_waveney](http://www.emmaus.org.uk/norfolk_waveney)    In line with the terms of the Data Protection Act 1998 and General Data Protection Regulations, the information you have provided will only be used to process your application and for administrative purposes. It will only be used by the communities you have indicated you would be happy to have your referral passed to and will not be shared with third parties.  The information I have supplied is true and correct. I understand that giving information I know to be false may lead to my licence to occupy being withdrawn.  Signature of applicant: Date:  ------------------------------------------------------- ----------------------- |

Please send your form to info@emmausnorfolkandwaveney.org. If you need any further information, please contact Emmaus Norfolk and Waveney on 01986 895444

**What happens next?**

Once we receive your application we will look at whether we have any places available that may be suitable for your needs. If we don’t have a place available, we will pass your application to Emmaus UK who will look into whether one of the other communities you have agreed to consider has availability. If one of our communities has a place available, someone from that community will make contact with you direct to discuss your referral and get more information from you before a decision can be made about your referral.

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| Office use only | |
| Date received: | Ref: |
| Allocated to: | Outcome: |