Application to join Emmaus

Contact Details

Emmaus South Wales

Nant Lais – West House Road

Heol Y Nant

Bridgend CF31 4SD

01656 750829

Please email this back to **community@emmaussouthwales.org.uk**

Emmaus South Wales respects your confidentiality; any information you provide will only be used to help us with the application process. The Support Team can provide you with more information on the application process on request. Emmaus South Wales will use their data protection policy to make sure they store this safely

Please be as honest and detailed as possible when completing this application.

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| --- | --- | --- |
| Name |  | |
| Contact Details  Email  Telephone |  | |
| Date of Birth |  | |
| Are you eligible for Housing Benefit? | Yes No Last Claim – who with? | |
| Have you applied to join any other Emmaus? | If yes where and when? | |
| Are you currently claiming any other benefits? | This could include PIP, JSA etc | |
| Do you have any other income? | This could include pensions or shares | |
| Emergency contact details |  | Relationship to you? |
| Name of referrer, if not yourself, and their position and contact details |  | |

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| Current Circumstances  Can you tell us about your current housing situation and any problems you have faced which have led to your current circumstances? |

Housing and Homelessness History

In the table below can you tell us more about your housing and homelessness history including any problems or difficulties that you have come across.

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| --- | --- | --- |
| **DATE FROM** | **DATE TO** | **INFORMATION** |
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|  |  |  |
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|  |  |  |
| Have you ever lived in an Emmaus before? Yes No  If yes please tell which Community, when you were staying there and why you left. | | |

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| Body and Mind  Have ever you had any physical health concerns, illnesses or conditions?  *This could include Blindness or Glaucoma, Stroke, Diabetes, High or Low Blood Pressure, Heart Attack, Epilepsy and any Cancers* |
| Do you have any current physical health needs?  *This could include support required, ongoing treatment, investigations and prescriptions* |
| Have you had any previous mental health needs?  *This could include depression, bipolar disorder, anxiety, addiction, psychosis* |
| Are you currently experiencing or having treatment for any mental health needs?  *This could include depression, bipolar disorder, anxiety, addiction, psychosis* |

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| **DETAILS OF CURRENT MEDICATION (REFER TO RISK ASSESSMENT)** | | | |
| **NAME AND PURPOSE OF MEDICATION** | **DOSE** | **HOW MANY TAKEN** | **WHEN TAKEN** |
|  |  |  |  |

Alcohol and Substance Misuse

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| --- | --- | --- |
| **DRUG USE** | | |
| **DO YOU HAVE A DRUG PROBLEM?** | **YES** | **NO** |
| *Please give details of drug use, in the past and present including details of: type of drug, how much, how often used, rehabilitation order, treatment received or receiving.* | | |

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| --- | --- | --- |
| **ALCOHOL USE** | | |
| **DO YOU HAVE AN ALCOHOL PROBLEM?** | **YES** | **NO** |
| *Please give details of alcohol use, in the past and present including details of: type of alcohol, how much, how often, rehabilitation order, treatment received or receiving.* | | |

Offending and Criminal History

|  |  |
| --- | --- |
| **CRIMINAL CONVICTIONS/CAUTIONS** | **YES NO** |
| If yes please tell us more | |
| **PROBATION ORDERS** | **YES NO** |
| If yes please tell us more | |
| **BAIL OR OUTSTANDING COURT APPEARANCES** | **YES NO** |
| If yes please tell us more | |
| **WARRANTS** | **YES NO** |
| If yes please tell us more | |
| **ARSON** | **YES NO** |
| If yes please tell us more | |
| **VIOLENCE** | **YES NO** |
| If yes please tell us more | |
| **SCHEDULE 1 OFFENCE** | **YES NO** |
| If yes please tell us more | |

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| Offending and Criminal History  Please give details of any involvement with other organisations for offending. Please give contact details of a named worker or officer involved. |
| Debts and Finance  Are you currently or have you in the past had difficulties with managing money, this could include current debt, gambling or repayment plans? Yes No  If yes please tell us more including details of debtor, loaner, amount, current payment schedule |
| Ability to work  Please confirm your willingness to work 40 hours per week in the Community and its social enterprises.  I, ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_confirm my willingness to work 40 hours per week as stated above and understand that if I do not I will be asked to leave the Community.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Skills and Qualities  Please outline any particular skills, experience and interests that are relevant to the running of second hand furniture and charity shops, collecting and delivering furniture in vans and supporting the daily operations of the Community. This could include qualifications, training received and hobbies |
| Applicant Consent for Disclosure  Applicant Name:  Date of Birth: NI Number:  Address:  I hereby give my consent for medical and any other relevant information to be given to Emmaus South Wales  Signature Date |
| Submitted / Signed by  Applicant Signature Date  Person Assisting Applicant *Date* |

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