

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.

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

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.

DATE FROM	DATE TO	INFORMATION



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

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Do you have any current physical health needs?

This could include support required, ongoing treatment, investigations and prescriptions

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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

DETAILS OF CURRENT MEDICATION (REFER TO RISK ASSESSMENT)

NAME AND PURPOSE OF MEDICATION	DOSE	HOW MANY TAKEN	WHEN TAKEN

Alcohol and Substance Misuse

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.

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

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 _____

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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