**Referral Form Template** **(\* denotes mandatory field)**

**Please email the completed form to** **community@emmaussouthwales.org.uk**

|  |
| --- |
| **Referrer details***Please complete this section if you are making a referral on behalf of someone else.* |
| Name\* |  | Contact details\* |  |
| Agency\* |  | 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 information sheet, that Emmaus could offer appropriate support to meet their needs.\* [ ]  |

|  |
| --- |
| **Personal Information** |
| Full name\* |  | Date of birth\* |  |
| Contact number\* | No contact number available [ ]  | Email address |  |
| Pronouns |  | National Insurance No. |  |
| First/preferred language\* |  | Conversational English?\* | Yes [ ]  No [ ]  Unknown/unsure [ ]  |
| Interpreter required\* | Yes [ ]  No [ ]   | Can you read andwrite in English?\* | **Read:** Yes [ ]  No [ ]  **Write:** Yes [ ]  No [ ]   |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you stayed in an Emmaus community before? | Yes [ ]  No [ ]   | If yes, which communities? |   |
| **What do you know about Emmaus?****Why do you think joining an Emmaus community could be right for you?\*** |

|  |
| --- |
| **Current Housing Situation** |
| Which of these options best describes your housing situation?\* |
| Rough sleeping [ ]  Night shelter or Foyer [ ]  Hostel [ ]  Hotel or B&B [ ] Accommodation for people seeking asylum [ ]  Unconventional (e.g. car, caravan, boat etc) [ ] Temporarily staying with friends/family/other (sofa surfing) [ ]  Private rented tenant [ ]  Social housing tenant [ ]  Homeowner [ ]  Prison or Approved Premises [ ]  Hospital or residential care [ ]  Other (please specify) [ ]  |
| If you have existing accommodation, is it unsafe, unsuitable or unreasonable tooccupy(for example, due to poor conditions or overcrowding)?\* |
| Yes [ ]  No [ ]  Details:  |
| When did you lose your most recent accommodation, or when are you likely to lose your current accommodation? *Estimate date if needed.* *Include institutional discharge date.\** |
| Date: |  |
| Which town/city/area/borough are you living in? \* |
|  |

|  |
| --- |
| **Immigration and Financial Situation** |
| What is yourimmigration status?\* | British Citizen [ ]  Indefinite Leave to Remain [ ]  Limited Leave to Remain [ ]  Pre-Settled Status [ ]  EU Settled Status [ ]  Refugee [ ] Other (please specify) [ ]  |
| Are you entitled toclaim benefits?\* | Yes [ ]  No [ ] Unknown/unsure [ ]  | Are you currently receiving any benefits?\* | Yes [ ]  No [ ] Unknown/unsure [ ]  |
| If yes, which benefit(s)?\* | Housing Benefit [ ]  Universal Credit (UC) [ ]  Jobseeker’s Allowance (JSA) [ ]  Employment and Support Allowance (ESA) [ ]  Personal Independence Payment (PIP) [ ]   Other (please specify) [ ]  |
| Do you have the right to work in the UK?\* | Yes [ ]  No [ ]  Unknown/unsure [ ]  | Are you currently working?\* | Yes [ ]  No [ ]  Unknown/unsure [ ]  |
| If yes, whichtype of work?\* | Full time [ ]  Part time [ ]  Self-employed [ ] Other (please specify) [ ]  |

|  |
| --- |
| **Support Needs** |
| **Substance use\***Current issue [ ]  Past issue [ ]  No issue [ ]  Details:  | **Neurodivergence\***Yes [ ]  No [ ]  Unsure [ ] Details:  |
| **Finances (e.g. debt, gambling etc.)\***Current issue [ ]  Past issue [ ]  No issue [ ]  Details:  | **Learning difference/disability**\*Current issue [ ]  Past issue [ ]  No issue [ ]  Details:  |
| **Physical health\***Current issue [ ]  Past issue [ ]  No issue [ ]  Details:  | **Do you have any unspent convictions, outstanding charges or arrest warrants?\***Yes [ ]  No [ ]  Unsure [ ] Details:  |
| **Mental health\***Current issue [ ]  Past issue [ ]  No issue [ ]  Details:  | **Any other support need\***Yes [ ]  No [ ]  Unsure [ ] Details:  |

|  |
| --- |
| **Equality, Diversity and Inclusion Information***At Emmaus in the UK, we prioritise equality, diversity and inclusion (EDI) for all companions and potential companions. We collect personal data for monitoring purposes to ensure fair treatment and assess our progress in promoting diversity.**Your information will be treated confidentially and securely and used solely for monitoring and reporting purposes.* *Participation is voluntary, and you may not wish to disclose certain details.* |
| How would you describe your ethnic group? | ***White, including:***Welsh [ ]  English [ ]  Scottish [ ]  Northern Irish [ ]  British [ ]  Irish [ ]  European [ ]  Gypsy or Traveller [ ]  Roma [ ]  Any other White background (please specify) [ ] ***Mixed / Multiple ethnic groups, including****:*White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]  Any other Mixed [ ]  Multiple ethnic background [ ] ***Asian / Asian British, including:***Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Any other Asian background [ ] ***Black / African / Caribbean / Black British*, including:**African [ ]  Caribbean [ ]  Any other Black / African / Caribbean background [ ] ***Other ethnic group,* including:** Arab [ ]  Any other ethnic group [ ] Prefer not to say [ ]  |
| In which of the following doyou have citizenship? | British/UK citizen [ ]  European Union (EU) / European Economic Area (EEA) [ ]  Country outside of UK/EU/EEA [ ]  Unknown/unsure [ ]  Prefer not to say [ ]  | How wouldyou describeyour religious beliefs? | Buddhist [ ]  Christian [ ] Hindu [ ]  Jewish [ ] Muslim [ ]  Sikh [ ] No religion [ ]  Other [ ]  Unknown/unsure [ ]  Prefer not to say [ ]  |
| How would you describe your relationship status? | Married [ ]  Civil partnership [ ]  Divorced [ ]  Single [ ]  Widowed [ ]  Other [ ]  Unknown/unsure [ ]  Prefer not to say [ ]  | Are you currently pregnant? | Yes [ ]  No [ ]  Unknown/unsure [ ] Prefer not to say [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| How would you describe your gender identity? | Male (including transgender man) [ ] Female (including transgender woman) [ ] Prefer to self describe as non-binary, gender-fluid, agender or other [ ] Unknown/unsure [ ] Prefer not to say [ ]  | Is the gender you identify withthe same sex you wereregistered with at birth? | Yes [ ]  No [ ]  Unknown/unsure [ ] Prefer not to say [ ]  |
| How wouldyou describeyour sexual orientation? | Bisexual [ ]  Pansexual [ ] Gay man [ ]  Gay woman/lesbian [ ]  Heterosexual [ ]  Other (please specify) [ ] Unknown/unsure [ ] Prefer not to say [ ]  | Do you consider yourself to be a disabled person? | Yes [ ]  No [ ] Unknown/unsure [ ] Prefer not to say [ ] *If yes, please specify:*Learning difference/disability [ ] Sensory impairment [ ]  Long term illness/health condition [ ]  Mental health condition [ ] Physical impairment [ ] Cognitive impairment [ ]  Other (please specify) [ ]   |

|  |  |
| --- | --- |
| Are you interested in joining other communities if we have no vacancies? | Yes [ ]  No [ ] Details:  |
| **Consent Declaration** |
| I consent to the collection, processing and sharing of my personal information as part of my application to Emmaus in the UK. I understand that the information collected will be used for the purpose of assessing my eligibility and suitability for supported housing services. This includes, but is not limited to, information related to my personal details, housing history, health, financial status, and any other details relevant to the provision of supported housing.This sharing of information will only occur as necessary for the purpose of providing and coordinating support and accommodation, and will only be shared with Emmaus communities that you have indicated you would be happy to have your referral passed to. Your information will not be shared with third parties.I understand that I have the right to request access to the personal information held about me and to request corrections if necessary. I acknowledge that I have read and understood the information provided in this consent form. I willingly provide my consent for the collection, processing, and sharing of my personal information as outlined above. |
| **Applicant’s full name\*:** |  | **Applicant’s signature\*:** |  | **Date\*:** |  |

|  |
| --- |
| **What happens next?** |
| A member of staff will make initial contact with you and/or the person referring you in a timely manner, and discuss arranging an initial assessment appointment.  |

|  |
| --- |
| **Decision to accept or refuse referral** |
| **Decision\*:** Progress referral to initial assessment [ ]  Refused[ ] **Reason for refusal\***Currently using substances [ ]  High risk [ ]  High support needs [ ] Do not feel would integrate into community [ ]  Applicant does not wish to move in [ ] No recourse to public funds [ ]  Other (please specify) [ ] **Rationale for refusal (please detail):****Would the community reconsider a referral in the future?\***Yes [ ]  No [ ] **What would the applicant need to do to be reconsidered (please detail)?****When would your community consider a re-referral?**1 month [ ]  3 months [ ]  6 months [ ]  Other (please specify) [ ]  |
| **Signed Worker:** |  | **Date:** |  |
| **Signed Community Leader:** |  | **Date:** |  |