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

**Please email the completed form to** [**community@emmaussouthwales.org.uk**](mailto:community@emmaussouthwales.org.uk)

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| **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.\* | | | |

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| **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 and  write in English?\* | **Read:** Yes  No  **Write:** Yes  No |

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| 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?\*** | | | | |

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| **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? \* | |
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| **Immigration and Financial Situation** | | | |
| What is your  immigration status?\* | British Citizen  Indefinite Leave to Remain  Limited Leave to Remain  Pre-Settled Status  EU Settled Status  Refugee  Other (please specify) | | |
| Are you entitled to  claim 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, which  type of work?\* | Full time  Part time  Self-employed  Other (please specify) | | |

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| **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: |

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| **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 do  you 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 would  you describe  your 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 |

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| 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 with  the same sex you were  registered with at birth? | Yes  No  Unknown/unsure  Prefer not to say |
| How would  you describe  your 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) |

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| 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\*:** |  |

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| **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. |

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| **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:** |  |