



Emmaus Referral Form

Emmaus Village Carlton is committed to protecting your personal information. To find out more, please read our companion privacy statement at <https://emmaus.org.uk/village-carlton/>. Please also read the privacy statement for Emmaus UK www.emmaus.org.uk/privacy and any other community/communities you are happy to have consider your application www.emmaus.org.uk/community-privacy-statements

Referral Application

Before completing this application form, please read the following information carefully. The information will explain 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, we can continue to support you and that you follow a few simple rules.

Emmaus Village Carlton is a low need, low risk community. We are unable to take people with violent convictions, sexual offences or those who have arson on their criminal record. We are unable to support those with medium to high needs. If you are unsure about whether you/someone you are supporting would be suitable, please contact the Support Team.

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, except for 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. Working will give you a chance to develop skills you might not have used for a while and gain new skills and experiences.

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 an area of our social enterprise. The work could include working in the shop, sorting items in the warehouse, supporting with collections and deliveries, housekeeping, or catering.

Emmaus will provide:	You will be expected to:
<ul style="list-style-type: none">• A home for as long as you need it• Basic 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	<ul style="list-style-type: none">• Sign off all benefits, except for housing benefit• Work in the charity's social enterprise for 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

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Please answer all 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

Declaration	
<input type="checkbox"/> 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	
<i>Please complete this section if you are making a referral on behalf of someone else.</i>	
Name:	Contact details:
Agency (if applicable):	Relationship to applicant and length of time known:
<input type="checkbox"/> 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.	

Emmaus Referral Form		
Name:		
Date of application:		
Date of Birth:	Age:	National Insurance Number:
Contact Details (Telephone/address/e-mail):		
How did you hear about Emmaus Village Carlton?		

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Housing / Homelessness History

Please outline below your present housing situation

Please state your previous housing situation for the past 5 years

Are you eligible to receive Housing Benefit?

Yes/No

If no please state reasons why and current situation to include information with regards to any appeals made/ongoing. Please provide any evidence of pre-settled/settled status or any visas or documents demonstrating leave to remain.

Have you ever lived in an Emmaus Community? If so, please state which community or communities and dates. Please also list any Emmaus Communities that you have applied to within the last 3 months

Please give details of any previous or current involvement with housing organisations

Physical Health Issues

Please give details of current physical health issues, including details of any medication you are taking

Please give details or any past physical health issues

Are you currently registered with a GP and dentist. If so, please provide details

Mental Health Issues

Please give details of any current mental health diagnosis and medication taken

Please give details of any previous mental health diagnosis and support you have been provided

Are you currently involved with any mental health services? If so, please provide details of support below and contact details for named worker

Offending History

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Criminal Convictions	Yes / No
If yes, please give details.	
Probation Orders	Yes / No
If yes, please give details to include contact details of Probation Office used and named Probation Officer.	
Outstanding Court Appearances	Yes / No
If yes, please give details.	
Warrants	Yes / No
If yes, please give details.	
Arson <i>(that may or may not have resulted in a criminal conviction)</i>	Yes / No
If yes, please give details.	
Violence <i>(that may or may not have resulted in a criminal conviction)</i>	Yes / No
If yes, please give details.	
Sexual Offences/Named on Sex Offenders Register	Yes / No
If yes, please give details.	
Other Information	
Do you consider yourself to have a learning disability?	Yes/No
Have you ever been in the Armed Forces?	Yes/No

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Do you have any outstanding debts?	Yes/No
If yes, please give details.	
Do you have a gambling addiction or past gambling history?	Yes/No
If yes, please give details.	
Do you have a bank account?	Yes/No
If yes, please give details.	
Do you have photo ID?	Yes/No
Please state which type of ID you have	
Do you have any allergies/dietary requirements? If so, please state.	Yes/No
Drug Use	
Please give details of your past drug use	
Please give details of your current drug use, including frequency	

Please give details of any on-going treatment or contact with drugs services, giving contact details of a named worker.

Alcohol Use History

Please give details of your past alcohol use

Please give details of your current alcohol use

Do you consider yourself to have an alcohol problem?

Yes / No

If yes, what actions are taking or prepared to take to address your alcohol problem? (Emmaus has an expectation that you are addressing/prepared to address your alcohol issues)

Please give details of any on-going treatment or contact with alcohol services, giving contact details of a named worker.

Needs Assessment

Please give details of any additional support needs, that you feel Emmaus need to know

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Skills/Qualifications

Please list your skills/qualifications. If you have any skills / qualifications that you would like to develop whilst in the community, please outline below.

References

Please give two referees who have either worked with you in the past or who are working with you currently, e.g., probation officer, support agency worker, (former) employer or volunteer co-ordinator.

Please note, if you are receiving support from any services such as drug/alcohol/mental health services, or are currently being supported by a probation worker, we will require these contact details for references.

Name		Relationship	
Contact details – <i>please include mobile and office numbers and email</i>			

Name		Relationship	
Contact details – <i>please include mobile and office numbers and email</i>			

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	<input type="checkbox"/>	Greenwich	<input type="checkbox"/>	Merseyside	<input type="checkbox"/>
Brighton & Hove	<input type="checkbox"/>	Hampshire	<input type="checkbox"/>	Mossley (G. Manchester)	<input type="checkbox"/>
Bristol	<input type="checkbox"/>	Hastings & Rother	<input type="checkbox"/>	Norfolk & Waveney	<input type="checkbox"/>
Burnley	<input type="checkbox"/>	Hertfordshire	<input type="checkbox"/>	North-East	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>	Hull & East Riding	<input type="checkbox"/>	Oxford	<input type="checkbox"/>
Colchester	<input type="checkbox"/>	Lambeth	<input type="checkbox"/>	Preston	<input type="checkbox"/>
Coventry & Warwickshire	<input type="checkbox"/>	Leicestershire & Rutland	<input type="checkbox"/>	Salford	<input type="checkbox"/>
Dover	<input type="checkbox"/>	Leeds	<input type="checkbox"/>	South Wales	<input type="checkbox"/>
Glasgow	<input type="checkbox"/>	Medway	<input type="checkbox"/>	Village Carlton (Bedford)	<input type="checkbox"/>
Gloucestershire	<input type="checkbox"/>	I would be happy to be considered by any Emmaus community:			<input type="checkbox"/>

Declaration

Emmaus Village Carlton 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/community-privacy-statements

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, if offered housing, my licence to occupy may be withdrawn if I have provided false information.

Signature of applicant:

Date:

Please send your form to Rebecca Bateman, Emmaus Village Carlton, School Lane, Carlton, Bedfordshire, MK437LQ or rebeccabateman@emmausvc.org. If you need any further information, please contact Emmaus Village Carlton on 01234 720826

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What happens next?

Once we receive your application, we will assess this to determine whether Emmaus Village Carlton is suitable for your needs. If we have a place available, we will contact you direct to discuss your referral and get more information from you. We may also contact any relevant agencies to discuss your referral and the information given. If Emmaus Village Carlton believes they may be able to meet your needs, you will be invited up for a day visit where you can spend a day as a Companion, meet the support team and discuss your application further. After the day visit, a decision will be made by the Support Team as to whether we have the facilities to effectively support you.

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

Work Related Health & Safety Questionnaire

Name : D.O.B:

Please complete the following questions:

	Yes	No	If yes, give details
High blood pressure/angina/heart attack/stroke			
Back related problems i.e. arthritis,			
Skin Condition i.e. eczema			
Liver disease			
Balance problems i.e., vertigo			
Work related breathing difficulties i.e., asthma, emphysema.			
Any other work-related physical disability			

I agree that the information provided is true and correct. I acknowledge that by giving information which I know to be false I may be at risk of my licence to occupy being withdrawn.

Signature of Applicant:

Print: Date: