**REFERRING AGENCY:**

**Why is the homeless/left their accommodation? .............................................................**

**Agency: .......................................................................................................................................**

**Name: .......................................................................................................................................**

**Address: .......................................................................................................................................**

**Tel: ................................................ Fax: ................................................................**

**Email: ................................................ Date of referral: ........................................**

**Temporary Accommodation address: ........................................................................................**

**APPLICANT INFORMATION**

**Name: .......................................................................................................................................**

**Address: .......................................................................................................................................**

**Postcode: ................................................ Male/Female: ........................................**

**Age: ................................................ Date of Birth: ........................................**

**Phone no: ................................................ National Insurance: ........................................**

**Next of Kin: ................................................ Next of Kin phone: ........................................**

**Any areas you cannot go: ................................................................................................................**

**If so, why not? ................................................................................................................**

**Do you need any help with communication? – for example an interpreter or use of the Loop system: ............................................................................................................................................**

**..............................................................................................................................................................**

**Smoker or non-smoker? ................................................................................................................**

**APPLICANT’S FAMILY**

**Name: .................................... .................................... ....................................**

**Age: .................................... .................................... ....................................**

**Date of Birth: .................................... .................................... ....................................**

**Male/Female: .................................... .................................... ....................................**

**Relationship: .................................... .................................... ....................................**

**TENANCY SUPPORT**

**Have you had tenancy support in the past? YES / NO (delete as applicable)**

**If yes please tell us the name of the organisation and the worker if known.**

**Organisation...............................................................Worker..............................................................**

**PREVIOUS HOUSING HISTORY (FOR LAST 3 YEARS):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Address** | **Type of accom.** | **Reason for leaving** | **Rent Arrears** | **Moving in date** | **Moving out date** | **References** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**PRESENT EMPLOYMENT/COLLEGE/BENEFIT INFORMATION**

**Employer: .....................................................................................................................................**

**Address: .....................................................................................................................................**

**Wages: .............................................per week/month**

**College: .....................................................................................................................................**

**Hours: ............................................... Training allowance: ......................................**

**Qualification: .....................................................................................................................................**

**Benefit type/amount:..........................................................................................................................**

**Form of ID: .....................................................................................................................................**

|  |
| --- |
| **FAMILY HISTORY & BACKGROUND:** |

|  |
| --- |
| **CULTURAL, RELIGIOUS & LIFESTYLE BACKGROUND:** |

**CRIMINAL BACKGROUND:**

**Do you have any previous offences?**

**Are you on bail, if so for what offence?**

|  |
| --- |
| **Do you have a history of violence?**  **Have you any convictions for violence?**  **Are you on supervision/probation?**  **If so for what offence?**  **Name of supervisor/probation officer:**  **Tel:** |

|  |
| --- |
| **HEALTH:**  **Physical health issues:**  **Dr/Worker:**  **Medication:**  **Mental health issues:**  **Dr/Worker:**  **Medication:**  **Learning disability issues:**  **Dr/Worker:**  **Drug/Alcohol Issues:**  **Dr/Worker:**  **Medication:** |

|  |
| --- |
| **ANY OTHER AGENCIES YOU ARE WORKING WITH:**  **Agency:**  **Name:**  **Address:**  **Tel:**  **Agency:**  **Name:**  **Address:**  **Tel:** |

|  |
| --- |
| **ARE YOU EXPERIENCING OR IN FEAR OF ABUSE OR SEXUAL HARASSMENT?** |

|  |
| --- |
| **SUPPORT NEEDS YOU THINK YOU HAVE:** |

|  |
| --- |
| **ADDITIONAL INFORMATION:** |

**SIGNATURE OF APPLICANT: ................................................ DATE: .............................**

**SIGNATURE OF REFERRING AGENCY: .................................... DATE: .............................**

**CONSENT & CONFIDENTIALITY FORM**

**I hereby give agency filling in this form and the YMCA permission to contact all relevant agencies / persons to make enquiries about the situation that I have presented to them.**

**Name:**

**Signature:**

**Date:**

**I also understand that the information I have given will remain confidential and will not be passed on without my permission.**

**However, I also understand that if I tell staff about:**

* **someone who is seriously hurting me**
* **someone who has seriously hurt me in the past**
* **someone who is seriously hurting another person**
* **someone who has seriously hurt another person in the past**
* **something I have done to seriously hurt another person**
* **any illegal activity I am committing**

**then they may have to pass that information to a manager, without my consent. The manager may then have to inform the relevant agencies.**

**I understand that, in exceptional circumstances, it may be necessary for us or the YMCA to pass information to the relevant agencies without my consent.**

**Name:**

**Signature:**

**Date:**

**EQUAL OPPORTUNITIES MONITORING:**

To enable us to check that every applicant is treated fairly, please answer the questions below. Your answers will be treated in the strictest confidence.

**1. GENDER**

□ Male □ Female □ Prefer not to say

**2. GENDER REASSIGNMENT**

□ Yes □ No □ Prefer not to say

**3. PREGNANCY / MATERNITY**

□ Pregnancy □ Maternity □ Prefer not to say

**4. MARRIAGE / CIVIL PARTNERSHIP**

□ Marriage □ Civil Partnership □ Prefer not to say

**5. ARE YOU EX-ARMED FORCES PERSONNEL?**

□ Yes □ No □ Prefer not to say

**6. SEXUAL ORIENTATION**

□ Heterosexual/straight □ Bi-sexual □ Gay man

□ Gay woman/lesbian □ Other □ Prefer not to say

**7. ETHNIC ORIGIN**

Please tick which applies to you OR state your ethnicity in the box below:

White British □ Irish □ Any other White □

Black Caribbean □ African □ Any other Black □

Asian Indian □ Pakistani □ Bangladeshi □

Chinese □ Any other Asian □

Mixed White & Black Caribbean □

White & Black African □

White & Asian □

Any other mixed □

Gypsy, Romany, Irish Traveller □

Other Arab □ Any other □ Please tell us:...........................

Prefer not to say □

**8. DISABILITY**

Do you consider yourself to have a disability?:

□ Yes □ No □ Prefer not to say

**9. RELIGION AND BELIEF**

How would you describe your religion or beliefs?

□ Buddhism □ Judaism □ Christianity □ Islam

□ Hinduism □ Sikhism □ No religion □ Prefer not to say

□ Other – please tell us ............................................................

**10. AGE**

Please tell us your age: □ Prefer not to say

***NB: This page is for statistical purposes only and will be removed from the form to allow anonymity***