



## QVSR Referral Form

For office use only:

**Date Issued:**

**Issued by:**

**Date Received:**

**Decision & Date:**

**QVSR**

121-131 East India Dock Road  
Poplar  
London  
E14 6DF

**E-mail:** [referrals@qvsr.org.uk](mailto:referrals@qvsr.org.uk)

**Tel:** 0207 987 5466

**SELF-REFERRAL:**

(if yes, please go to page 2)

**AGENCY REFERRAL:**

(if yes, please give contact details below)

Agency Name:	
Address:	
Contact Name:	
Job Title:	
Tel:	
Email:	

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 1 of 13

## **APPLICANT INFORMATION**

Name:	
Known As:	
Date of Birth:	
Age:	
Current Address:	
Contact Number:	
E-mail address:	
National Insurance Number:	
Seamen's Discharge Book Number:	
Armed forces information:	

### **Family History:**

Are you in contact with any of your relatives?	
If yes, would you like to continue with the contact?	
If no, would you like to make contact with them?	
What is their relationship to you?	
How would you describe your relationship with your family?	

### **Nationality:**

What is your Nationality?	
If you are not British, what is your immigration status?	

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 2 of 13

**Current Support Needs:** (please tick all those that apply)

Support need	Main support need (tick one only)	Other support needs (tick as many as apply)		
		Low	Med	High
Homelessness				
Alcohol				
Drugs				
Gambling				
Mental health				
Learning difficulty				
Over 60				
Seafarer/Just left the armed services				
Mobility problems				
Serious physical illness				
AIDS or HIV positive				
Just left prison				
Man escaping violence				
Difficulty making friends and feeling isolated				
Other (please specify):				

**Health:**

Are you experiencing mental health difficulties? (e.g., depression) If yes, what?	
Have you suffered from any health condition or illness in the past requiring medical attention? If yes, what?	

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 3 of 13

Is this still ongoing?	
If ongoing, how long have you had this illness?	
Are you receiving medication because of this?	
Are you receiving specialist care for this illness/condition?	

If you have any other medical conditions please tell us on a separate sheet.

**Chemical Dependency:**

Have you ever used drugs in the past? If yes, what?	
Are you currently using drugs? If yes, what?	
How often?	
How much do you spend on drugs?	
Have you received treatment for this? If yes, which agency?	
Have you had counselling on how to manage your drug problems?	

**Education / Training:**

Name and address of School/College: (last attended)	
Telephone no:	
Name of personal/form tutor:	
What course(s) were/are you studying?	
How long is/was the course for?	

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 4 of 13

What qualifications are you hoping to gain/have gained?	
---	--

**Employment:**

Are you working?	
Name and address of employer:	
What is your job title:	
Are you looking for work?	
Are you in contact with the Jobs and Benefit Office?	

**Finances:**

What is your source of income?	
How much is it?	
How often do you receive it?	
Do you have any outstanding fines?	
Do you have any other outstanding debts?	
If yes, please give details:	

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 5 of 13

**Legal History:**

Have you had contact with the criminal justice system due to your previous lifestyle? If yes, please give details.	
---	--

**Legal Status - Are you on:**

Community service order	
Automatic conditional release	
Residence order	
Other (please specify):	
When does it expire?	
Do you have any outstanding matters?	
Have you had contact with the probation service in the last twelve months? If yes, please give details:	

**Housing History in Chronological Order for the Last 5 Years**

(Please use an additional sheet if required)

Dates	Address	Type of Accommodation	Reason for leaving

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 6 of 13

Can you go back to your last address? If no, why not?	
--	--

Please provide any additional information to support this application, (i.e. supporting letter antecedence 609), or information from other agencies/ professionals.

**Communication Requirements**

Do you have any special communication requirements that would help us deal with your application? If yes, please give details:	
How easily can you read English?	Easily Only large print Cannot read English
How easily can you understand spoken English	Easily Simple English Cannot speak English
If not English, what is your main written language?	Braille Chinese Gujarati Hindi Kurdish Somali Other:
If not English, what is your main spoken language	Sign language Chinese Gujarati Hindi Kurdish Somali Other:
Did you have any assistant in completing this form?	

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 7 of 13

## **DECLARATION**

Please sign below to acknowledge that you are aware and agree to the information given.

Applicant's Signature:			
Printed Name:		Date:	
Witness Signature:			
Printed Name:		Date:	
Job Title:			

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 8 of 13



## **EQUAL OPPORTUNITIES MONITORING FORM**

QVSR is committed to providing a fair and non-discriminatory service to all our applicants. To help us ensure we do this effectively, please provide the information requested below. The information will be treated in the strictest confidence. Referral agencies should allow the applicant to self-define.

Please note that if an applicant chooses not to answer these questions, their application will still be considered.

### **Ethnicity**

<b>Asian or Asian British</b>
Bangladeshi Indian Pakistani Other Asian background (Please specify)
<b>Black or Black British</b>
African Caribbean Other Black background (Please specify)
<b>Chinese and other groups</b>
Chinese Other ethnic group (please specify)

<b>Mixed race</b>
White and Asian White and Black African White and Caribbean Other Mixed background (please specify)
<b>White</b>
British Irish Other White background (Please specify)
<b>Prefer not to say</b>

### **Religion or belief**

- |                        |             |
|------------------------|-------------|
| Prefer not to say      | Jewish      |
| Buddhist               | Muslim      |
| Christian              | Sikh        |
| Hindu                  | No religion |
| Other (Please specify) |             |

### **Sexual orientation**

- |                   |                       |
|-------------------|-----------------------|
| Prefer not to say | Bisexual              |
| Gay man           | Heterosexual/straight |

Document reference	Section	Last Review	Page Number
Referral Form	8.4	July 2021	Page 9 of 13

This page has purposefully been left blank.

<b>Document reference</b>	<b>Section</b>	<b>Last Review</b>	<b>Page Number</b>
<b>Referral Form</b>	<b>8.4</b>	<b>May 2021</b>	<b>Page 10 of 13</b>

## **RISK ASSESSMENT – REFERRAL AGENCIES ONLY**

Where the form has been completed by a referring agency, they must also complete the Risk Assessment section below. Please note we will not be able to take this application forward without the risk assessment question being answered. (In the case of a self-referral, QVSR will complete the Risk Assessment section at interview).

The information provided will inform our own risk management strategy should we accept the applicant. Please include information based upon your own work with the applicant, as well as any known history. If you feel that information you pass on to us may need further clarification, please continue on a separate sheet. Please note that, under the Data protection Act 2018 and under our own confidentiality procedures, applicants usually have a right of access to their case notes. If you provide information you do not want the applicant to be able to see, please state this clearly.

Does your organisation carry out risk assessments on applicants?	
If yes, is the most recent risk assessment attached?	

Please answer the following questions if you have any knowledge of experience of them in relation to the applicant.

### **Behavioural issues**

Known history of violence If yes, to whom:	<p>Staff</p> <p>Other users</p> <p>Public</p> <p>Friends/family</p>
Sexual assault/exposure	
Anger management problems	
Impulsive behaviour	
Known danger to children	
Arson	
Substance/alcohol abuse	
Known history of abuse or harassment to others	

Document reference	Section	Last Review	Page Number
Referral Form	8.4	May 2021	Page 11 of 13

## Emotional or Mental Health problems

Detained under the mental health act	
Known history of suicide attempts	
Bizarre behaviours	
Known history of self harm	
Dual diagnosis	

## Self-care / risk from others

History of serious self-neglect	
History of being abused or exploited	
History of being harassed	
Accidental harm (e.g., kitchen fire, careless smoking)	
Persistent provocative behaviour	

## Risk Assessment

If you have answered yes to any of the questions in the previous sections, please note your assessment of any potential associated risk posed by or to the applicant. Please complete this section to the best of your ability even if you do not normally carry out risk assessments. Please comment on all support needs identified. (Please copy this sheet if you require extra space.)

What is the risk?	Who is likely to be at risk?	What might trigger the risk?	What is the likelihood of this risk occurring?	How can the risk be managed?

Document reference	Section	Last Review	Page Number
Referral Form	8.4	May 2021	Page 12 of 13


<b>Document reference</b>	<b>Section</b>	<b>Last Review</b>	<b>Page Number</b>
<b>Referral Form</b>	<b>8.4</b>	<b>May 2021</b>	<b>Page 13 of 13</b>