Accommodation Referral Form

For office use only

Date received:	
Decision & Date:	

Please return completed forms to:
Housing & Welfare, QVSR, 121-131 East India Dock Road, Poplar, London, E14 6DF.
E-mail: referrals@qvsr.org.uk
Tel: 020 7987 5466

For agency referrals use only – self-referrals, please go straight to Applicant Information.

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

APPLICANT INFORMATION

Name:							
Known As:							
Date of Birth:		Age:		Merchant Navy:		Ex-service:	
Current Address:							
Contact Number:							
E-mail address:							

APPLICANT INFORMATION (contd)

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?	
Please give details of your next of Kin. Their relationship to you and their contact number / address.	

Nationality:

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

Support Needs:
(please identify your main support need and the level of support you need in other areas)

Support need	Main support need (tick one only)	Other support needs (tick as many as apply)		
		Low	Med	High
Homelessness	☐	☐	☐	☐
Seafarer / veteran of the armed services	☐	☐	☐	☐
Over 60	☐	☐	☐	☐
Alcohol dependency	☐	☐	☐	☐
Drug dependency	☐	☐	☐	☐
Mental health	☐	☐	☐	☐
Gambling	☐	☐	☐	☐
Learning difficulties / reading / writing	☐	☐	☐	☐
Mobility difficulties	☐	☐	☐	☐
Man escaping abuse / violence	☐	☐	☐	☐
Difficulty making friends and feeling isolated	☐	☐	☐	☐
Serious physical illness	☐	☐	☐	☐
Ex-offender	☐	☐	☐	☐
AIDS or HIV positive	☐	☐	☐	☐
Other (please specify):				

Health:

Are you currently experiencing any mental health issues? (e.g. anxiety / depression) If yes, please give details.	

Health (contd.):

Have you suffered from any health condition or illness in the past requiring medical attention? If yes, please give details.	
Is this health condition still ongoing? If so, how long have you had this illness / health condition?	
Are you receiving medication because of this illness / health condition?	
Are you receiving specialist care for this illness / health condition?	

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

Chemical Dependency:

Have you had a dependency on alcohol and/or drugs in the past? If yes, please give details.	
How often do you drink alcohol?	
How much do you spend on alcohol?	
Are you currently using drugs? If yes, please give details.	
How often do you use drugs?	
How much do you spend on drugs?	

Have you received treatment for your alcohol and/or drug dependency? If yes, please give details.	
Have you had counselling on how to manage your alcohol and/or drug dependency? If yes, please give details.	

Education & Training:

What educational certificates / qualifications do you have?	
What professional training have you completed?	
Are you currently studying? If so, please give details of the course(s) and duration.	
What further education / training would you like to do?	

Employment:

Are you currently employed?	
Job title:	
Name and address of employer:	
Are you currently looking for work?	
Are you in contact with Jobcentre Plus?	

Finances:

What is(are) your current source(s) of income?	
How much is it?	
How often do you receive this income?	
Do you have any outstanding loans / debts / fines / repayments? If yes, please give details:	

Legal History:

Have you had any contact with the criminal justice system in the past? If yes, please give details.	
Have you had contact with the probation service in the last twelve months? If yes, please give details.	
Are you on: • A community service order • Automatic conditional release • Residence order • Other (please specify)	
If so, when does it expire?	
Do you have any outstanding matters?	

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

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

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 spoken language?			
If not English, what is your main written language?			
Did you have any assistance in completing this form?			

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

Additional Information

DECLARATION

Please sign below to acknowledge that you are aware and agree to the information given on this accommodation referral form.

Applicant's Signature:			
Printed Name:		Date:	

If you have had assistance with completing this form, the person helping you should countersign below:

Signature:			
Printed Name:		Date:	
Job Title / Relationship to applicant:			

EQUALITY & DIVERSITY MONITORING

QVSR is committed to providing a fair and non-discriminatory service to all our applicants. The organisation needs your help and co-operation to enable it to do this; however, completing this form is voluntary and your application will still be considered without it. All information provided will be kept confidential and will be used for monitoring purposes only.

Ethnicity
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

Prefer not to say ☐					
White					
English ☐	British ☐	Welsh ☐	Scottish ☐	Irish ☐	Northern Irish ☐
Other White background, please specify:					
Asian or Asian British					
Bangladeshi ☐	Indian ☐	Pakistani ☐	Chinese ☐		
Other Asian background, please specify:					
Black, African, Caribbean or Black British					
African ☐	Caribbean ☐				
Other Black, African or Caribbean background, please specify:					
Mixed or Multiple ethnic groups					
White and Asian ☐	White and Black African ☐	White and Caribbean ☐			
Other Mixed or Multiple ethnic background, please specify:					
Other ethnic group					
Arab ☐	Other ethnic group, please specify:				

What is your religion or belief?

Prefer not to say ☐	Christian ☐	Muslim ☐	Jewish ☐
No religion or belief ☐	Sikh ☐	Buddhist ☐	Hindu ☐
If other religion or belief, please specify:			

What is your sexual orientation?

Prefer not to say ☐	Heterosexual ☐	Gay ☐	Bisexual ☐
Asexual ☐	Pansexual ☐	Undecided ☐	
If you prefer to use your own identity, please write in:			

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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?	

Do you have any knowledge of experience of the following in relation to the applicant? Please tick all those which apply.

Behavioural issues

Known history of violence. If yes, to whom:			
Staff ☐	Other users ☐	Public ☐	Friends/family ☐

Sexual assault/exposure	☐	Anger management problems	☐
Impulsive behaviour	☐	Known danger to children	☐
Arson	☐	Substance/alcohol abuse	☐
Known history of abuse or harassment to others	☐		

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

Risk Assessment

If you have ticked any of the above, 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?