

SELF – REFERRAL FORM

Please answer the questions below as fully as you can and provide us with as much information as you can. We may need to ask other people you are working with for further information before we can offer you an assessment so there is a form at the end for you to sign giving your agreement for us to do this.

For the Yes/No questions, please circle the one that applies.

PERSONAL DETAILS:

Name		NI Number	
Date of Birth		Age	
Gender		Contact Number :	
Current Address			
Email Address			

Is it safe to contact you at your address / telephone number? Yes No
If no please give details of how we can contact you

Is English your first language? Yes No
If no do you require an interpreter? Yes No
If yes please specify language

Do you consider yourself to be disabled? Yes No
If yes please give details

Are you Pregnant? Yes No
If yes please give details including due date and number of weeks pregnant

Do you normally live in Rochdale (we also mean Middleton and Heywood)? Yes No
If yes how long have you lived in Rochdale for?

OTHER PEOPLE IN YOUR HOUSEHOLD

If there are any other adults or children who live with you and who will live with you even if you needed to move, please tell us about them here. If you are just staying with friends you don't need to tell us about them.

NAME	RELATIONSHIP TO PERSON REFERRED	GENDER	AGE & DOB

CURRENT HOUSING SITUATION

Please tick which best describes your housing:

Private Rented	
Social housing (council or housing association)	
Owner occupier	
Hostel or supported housing	
Living with friends or family	
Sleeping rough / sofa surfing	

If rented:

Is this your own tenancy?

Yes No

AND

Who is your landlord?

Are you at risk of losing your accommodation?

Yes No

We can assess you for supported accommodation or floating support.

Please use the space below to tell us about your circumstances and what help and support you feel you need

HOUSING HISTORY

Please provide details of your current address and previous addresses for the past 3 years:

PREVIOUS ADDRESS	DATE MOVED IN	DATE MOVED OUT	LANDLORD	REASON FOR MOVING

OTHER AGENCY INVOLVEMENT:

Is there anyone from another agency working with you e.g. Probation, ADS etc? Yes No
If yes, which agency(s) and do you have the name(s) of people you work with?

HEALTH

Do you have any physical health problems? Yes No
If yes please give brief details

Do you have any mental health problems? Yes No
If yes please give brief details

Are you involved with any mental health services? Yes No
If yes please tell us who you are working with

Do you have any drug or alcohol problems?
If yes please tell us about this

Yes No

Are you in contact with drug/alcohol services?
If yes please tell us who you are working with

Yes No

OFFENDING HISTORY

Have you ever had any criminal convictions?
If yes please give details

Yes No

Do you have any convictions for?

Sexual Offences

Yes No

Violence

Yes No

Arson

Yes No

If yes to any of the above please give details

Are you currently subject to Probation supervision or any licence conditions?
If yes please give details

Yes No

We wish to ensure that all aspects of our service’s work reflects equality of opportunity. This form will assist us in identifying areas of under-representation in our work and help us to improve the services that we provide to all of our clients. Although you do not have to answer any of these questions, your co-operation in completing this form would be greatly appreciated. **Any information you give will be strictly confidential.**

Ethnic origin

I would describe my ethnic origin as (please tick):

White

- British
- English
- Scottish
- Welsh
- Irish
- Other (please state)
.....

Asian or Asian British

- British
- Indian
- Pakistani
- Bangladeshi
- Other (please state)
.....

Other ethnic group

- Other ethnic group (please state)
.....

Black or Black British

- British
- African
- Caribbean
- Other (please state)
.....

Mixed

- White & Black African
- White & Black Caribbean
- White & Asian
- Other mixed background (please state)
.....

Other

- Asia Pacific
- Chinese
- Arab / Middle Eastern
- The Americas
- Romany Gypsy Traveller
- Irish Traveller
- Gypsy

CONSENT

Form of Authority / Confidentiality

NAME	
ADDRESS	

I/we agree to **the service** seeking information from and talking with other agencies about me or my family if this will help in providing appropriate support.

In doing so I/we agree to **the service** holding on file details of my/our circumstances and other personal details, where provided by myself/ourselves or others, for the purpose of assisting with my/our situation and providing support.

I understand that if **the service** thinks there is a risk of harm to me, my children, or to someone else, **the service** would usually try to talk with me about how to manage that risk safely. If the risk of harm is significant, **the service** may have to talk to someone else without speaking to me first. If you want more information on how **the service** does this, you can see the full Confidentiality and Safeguarding policies.

I/we also agree to **the service seeking information and copies of relevant documents, and give permission for other parties who hold this information to provide it to **the service**. This may include, but is not limited to, the following:**

The agency making the referral

Any previous support providers

Any other agencies working with the individual/family

I/We agree for the service to share information gathered during referral and assessment with other relevant Adult Care housing support providers when support is being offered. (Stepping Stone Projects, WHAG)

For the purposes of the Data Protection Act 1998, the data controller is **the service**.

I/we have read and understood the information above, and agree to the service acting on my/our behalf.

SIGNED

DATE