



# Emmaus Referral Form

**Referral Agency Application**

*All information provided will be treated with respect and will be held in strictest confidence, subject to the Data Protection Act 1998 and the Emmaus Data Protection Policy (available on request). All information will be secured in lockable cabinets. Access to this is restricted, although the applicant may view their own file upon request.*

Date: .....

<b>Emmaus Referral Form</b>		
Name of Client / Applicant :		
Date of Birth :	Age :	National Insurance Number :
Contact Details :		
Name, position and contact details of person making referral :		
If we are currently full, does the applicant you are referring agree to this form being forwarded to other Emmaus Communities within the UK, who may have beds available? <b>Yes/No</b>		
If currently in Prison, ID Number, release date and category etc...		

**Housing / Homelessness History**

Please outline below the present housing situation of the applicant, and any issues/problems that may have arisen in the past.

Is the applicant 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.

Has the applicant ever lived in an Emmaus Community? (Please give information regarding which community or communities and dates)

Please list any Emmaus Communities that the applicant has applied to within the last 3 months.

Please outline any involvement the applicant has had with other organisations, giving contact details of a named worker.

**Physical Health Issues**

Please give details of current / past health issues, including details of any medication.

Please outline any involvement the applicant has had with other organisations, giving contact details of a named worker / clinician.

**Mental Health Issues**

Please give details of current / past problems, including details of any medication.

Please outline any involvement the applicant has had with other organisations, giving contact details of a named worker / clinician.

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Offending History	
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.	
Does the applicant have any outstanding debts?	Yes/No
If yes please give details.	
Savings/Bank details and debits.	

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<b>Drug Use</b>
Please give details of any past drug use.
Please give details of any current drug use.
Please give details of any on-going treatment or contact with drugs services, giving contact details of a named worker.
Please outline any other matters that you feel may be helpful with this application.

**Alcohol Use History**

Please give details of any past alcohol use.

Please give details of any current alcohol use.

Do you believe you have an alcohol problem?	Yes / No
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If yes what action are you prepared to take to address your alcohol problem? (Emmaus has an expectation that you are prepared to address your alcohol issues)

## Needs Assessment

Please give details of any support needs, that you feel Emmaus will need to address. If you have your own needs assessment, please enclose this.

## Client / Applicant's Comments (optional)

Please outline any details / information that you feel might support your application if not already detailed, including any contact you have had with other relevant organisations (e.g. other charities, councils, police, probation, health authority etc.)

## Skills / Qualifications

If you have any skills / experience / qualifications that you would like to develop whilst you are in the Community please outline below.



Please provide the names and contact details of two referees to support your application -

**Ability to Work.**

Please confirm your willingness to work 40 hours per week in the Community and its social enterprises.

I, ..... confirm my willingness to work 40 hours per week as stated above.

Signature of Applicant : .....

Please outline any particular skills, experience and interests that are relevant to the running of second- hand furniture and charity shops, collecting\delivering furniture in vans and supporting the daily operations of the Community.

Emmaus respects your confidentiality, any information provided by you will only be used to assist in the risk assessment, needs assessment and selection processes needed to comply with our admissions policy, a copy of which is available on request. This information will be kept secure only for as long as it is needed and will not be seen by anyone who is not involved in the above process.

**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 : .....**

**Date : .....**

**Please return to application to - *Information of Community contact and contact details (fax, email, phone, address) to be placed here***

# Work Related Health & Safety Questionnaire

*All information provided will be treated with respect and will be held in strictest confidence, subject to the Data Protection Act 1998 and the Emmaus Data Protection Policy (available on request)*

Name : ..... D.O.B: .....

In order to help in your assessment would you please complete the following health & safety form

	NO	YES	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			
Mental health issue i.e. problems working closely with other companions or general public			

**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 : .....

## **Consent Disclosure**

Date: .....

Name: .....

DOB: .....

NI number: .....

I give my permission for ..... to disclose my personal information to Emmaus .....

I also give my consent under the Data Protection Act 1998 for Emmaus ..... to contact any relevant agencies regarding myself in the best interests of me and the Community.

It is understood that this also includes checks with the Police.

Sign: (Applicant) .....

Sign: On behalf of Referral Agency .....