

emmaus

# Emmaus Self Referral Form

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## Self Referral Application

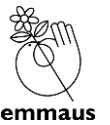
*All information provided will be treated with respect and will be held in strictest confidence, subject to the Data Protection Act 1998 and the Emmaus ..... Data Protection Policy (available on request). All information will be secured in lockable cabinets. Access to this is restricted, although the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

*This form is purely used for us to get an indication of your suitability for Emmaus. Please be assured that we will be looking for reasons to include you rather than exclude you. Try to answer all questions.*

**Date:** .....

Emmaus Referral Form		
Name :		
Date of Birth :	Age:	National Insurance Number:
Contact Details :		
If we are currently full do you agree to this form being forwarded to other Emmaus Communities within the UK, who may have beds available? <b>Yes/No</b>		
Housing / Homelessness History		
Please outline below your present housing situation and any issues/problems that may have arisen in the past.		

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Please outline any involvement you have had with other organisations with reference to housing, giving contact details of a named worker if known.

Are you eligible to receive Housing Benefit? **YES / NO**  
If no please state reasons why and current situation to include information regarding any appeals made/ongoing.

# Self Referral Form



Have you ever lived in an Emmaus community, if so please state which community/s and dates when you lived there.

## Physical Health Issues

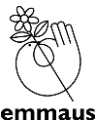
Please give details of current / past problems, including details of any medication.

Please outline any involvement you may have had with other organisations with reference to physical health issues, giving contact details of a named worker / clinician.

## Mental Health Issues

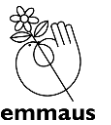
Please give details of current / past problems, including details of any medication.

# Self Referral Form



History Offending	
<b>Criminal Convictions</b>	
If yes please give details.	Yes / No
<b>Probation Orders</b>	
If yes please give details.	Yes / No
<b>Outstanding Court Appearances</b>	
If yes please give details.	Yes / No
<b>Warrants</b>	
If yes please give details.	Yes / No
<b>Arson</b> <i>(that may or may not have resulted In a criminal conviction)</i>	
If yes please give details.	Yes / No
<b>Violence</b> <i>(that may or may not have resulted In a criminal conviction)</i>	
If yes please give details.	Yes / No
Please use this space for any further details including contact details of Probation Office/s attended.	

# Self Referral Form



## Drug Use History

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 you may have with drugs services, giving contact details of a named worker.

Please outline any other matters that you feel may be helpful with this application.

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## 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

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.

## Applicant's Comments (optional)

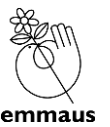
Please outline any details / information that you feel might support your application if not already been detailed, including any contact you have had with other relevant organisations (e.g. other charities, councils, police, probation, health authority etc.)

## Skills / Qualifications

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



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## 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 : .....**

## Consent Disclosure

Signature of Applicant : .....

Date of birth: .....

NI number: .....

Address: .....

.....  
I hereby give my consent for medical and any other relevant information to be passed onto Emmaus.

Signature: ..... Date: .....

# 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 Questionnaire

	NO	YES <sup>✓</sup>	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.**

Applicants Signature : .....

Print : ..... Date : .....

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

**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 .....