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**The Exaireo Trust**

**Self-referral form**

The Exaireo Trust provides temporary supported accommodation for single homeless people in Leicestershire. Applicants must be aged 18 or over.

Applicants should complete all parts of this form and return it to:

**Exaireo Trust, Referrals, 5 The Coneries, Loughborough, Leics, LE11 1DZ**

*If you need help filling in this form, please call 01509 266422*

During and after the referral process we will collect information about you, which is necessary for us to deal with your application. We take our responsibilities to protect this information seriously and treat all information with care. We have a Privacy Notice which describes our responsibilities under the General Data Protection Regulation, and you can ask for a copy of this notice.

**Please give as much information as you can, so that we can deal with your application quickly.**

**Section 1 – please answer ALL of these questions**

If you do not answer all these questions, we will not be able to deal with your application.

|  |  |  |
| --- | --- | --- |
| Name: | Date of birth: | Gender: |
| Phone No: | Email: |
| Current/care of address:  |
| What is your current housing situation? Why are you homeless, or seeking accommodation? Are you actually on the streets? |
| Please give details of any problems you may have that have led to you losing your accommodation in the past:  |
| Please describe how you cope in the following areas: |
| Paying rent: | Keeping appointments |
| Cleaning | Cooking |
| Getting on with neighbours/housemates | Dealing with benefits |
| Have you made any applications for long-term housing (for example: council housing, housing associations, etc.)? If so, please give details: |
| Who is your next of kin? Please give contact details: |

**Section 2 – please answer any questions that are relevant to you**

|  |
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| **Please give details of problems you may have had in any of the following areas:** |
| Drug misuse | Alcohol |
| Criminal behaviour | Violence |
| Mental Illness / Disability |  |
| Dates: | Diagnosis: | How does this affect you? / Support needs |
| Physical Illness / Disability |  |
| Dates: | Diagnosis: | How does this affect you? / Support needs |
| Gambling | Other |
| **Please give details of any other agencies or supportive organisations you may be involved with, including names and contact details:** |
| 1. | 2. |
| 3. | 4. |
| **Do you have any criminal convictions? Please list ALL convictions:** |
| Have *you* ever served in UK YES/NO armed forces? | Has any member of *your family* ever YES/NO served in UK armed forces? |
| **Have you ever been under any form of supervision? Please tick relevant box and give details:*****Current* *Previous Details / Dates:*** [ ] [ ] Probation - Name & Contact of Case Manager: [ ] [ ] Suspended sentence [ ] [ ] Supervision order [ ] [ ] Parole [ ] [ ] Care order [ ] [ ] CPN / Mental Health Team [ ] [ ] ‘Sectioned’ under the Mental Health Act |
| **Are you in custody? Please give details:**Release date: |
| **Are you currently on medication? Please give details (including dosage):**  |
| **STATEMENT FROM THE APPLICANT:****The applicant needs to state here in their own words why they want to change and how committed they are to making that change:** |

**By signing the form below, you agree that you have given accurate & complete information. Please note that we may be unable to accept your application if any of this information turns out to be false.**

|  |
| --- |
| **Signed:****Date:**  |

 **Equalities Monitoring**

*We collect this information to gain an accurate understanding of the clients that we serve, so that services and policies can be delivered to meet the needs of everybody. Please feel free to leave any questions which you do not wish to answer. All of the information gathered in this questionnaire is confidential.*

**Are you currently Pregnant or have you had a baby in the last 6 months?**
*Please tick the appropriate box*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Yes | [ ]  |  No | [ ]  |  Prefer not to say | [ ]  |

**Do you have a disability?** *Please tick the appropriate box*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Yes | [ ]  |  No | [ ]  | Prefer not to say | [ ]  |

 |  |  |  |  |  |

*If Yes, please tick the appropriate box(es)*

|  |  |  |  |
| --- | --- | --- | --- |
| Mental Health | [ ]  | Physical Disability | [ ]  |
| Hearing Impairment  | [ ]  | Learning Disability | [ ]  |
| Sight Impairment  | [ ]  | Other | [ ]  |

|  |  |
| --- | --- |
| Prefer not to say | [ ]  |

**How would you describe your ethnic origin?** *Please tick one box only*

|  |  |  |  |
| --- | --- | --- | --- |
| **A) White** |  | **C) Asian or Asian British** |  |
| British | [ ]  | Indian | [ ]  |
| Irish | [ ]  | Pakistani | [ ]  |
| Gypsy or Traveller | [ ]  | Bangladeshi | [ ]  |
| Other White Background | [ ]  | Chinese | [ ]  |
|  | [ ]  | Other Asian Background | [ ]  |
|  |  |  |  |
| **B) Mixed / Multiple ethnic Background** |  | **D) Black or Black British** |  |
| White & Black Caribbean | [ ]  | Caribbean | [ ]  |
| White & Black African | [ ]  | African | [ ]  |
| White & Asian | [ ]  | Other Black Background | [ ]  |
| Other Mixed / multiple background | [ ]  |  |  |
| **E) Other ethnic group (please state)** |       |

**Which of the following options best describes how you think of yourself?**

*Please tick as many boxes as applies to you*

|  |  |  |  |
| --- | --- | --- | --- |
| Prefer not to say | [ ]  | Civil Partnership | [ ]  |
| Bisexual | [ ]  | Single | [ ]  |
| Gay  | [ ]  | Separated / Divorced | [ ]  |
| Heterosexual / Straight | [ ]  | Widowed | [ ]  |
| Married | [ ]  | Other | [ ]  |

**What is your religion or belief?** *Please tick the appropriate box*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| None | [ ]  | Christian | [ ]  | Hindu | [ ]  | Jewish | [ ]  |
| Muslim | [ ]  | Sikh | [ ]  | Prefer not to say | [ ]  | Buddhist | [ ]  |
| Any other (please write in) |  |