**AGENCY REFERRAL ADVICE**

1. This form is to be used for all agency referrals for accommodation in Coalville and the Loughborough Area.
2. It is the responsibility of the referring agent to ensure the completion and submission of this application.
3. Appropriate service – Before referring, please note it is conditional that all applicants will be required to take part in the support services offered.
4. All successful applicants will be required to engage with the Exaireo Work Ladder program, including undertaking 15 hours worthwhile activity per week when ready. The Exaireo trust works with partners to offer a range of internal and external opportunities to successful applicants
5. In the Risk section you should include only “actual known risks”
6. Answers to all questions should be given including N/A if not applicable, N/K if not known or N/D if applicant would not disclose. **THERE SHOULD BE NO BLANK BOXES.**
7. Referring agents are asked to identify any on-going support / action which may be required.

**THE REFERRAL PROCESS**

1. Referring Agent completes the form with the agreement and involvement of the applicant.
2. The Exaireo Trust will complete checks to determine if the applicant is suitable for the project.
3. The referring agent will be contacted to explain the outcome of the checks and informed of whether a decision to interview was successful / unsuccessful and given the reasons for the decision.
4. The applicant, if successful, will be offered an interview, again if successful / unsuccessful the referring agent will be informed as to the outcome and the reason for the decision given. **Exaireo operates an appeals process: the applicant or referring agent can obtain details by contacting the office.**
5. If the applicant is successful, a support worker will be appointed and a package of support will be agreed with the Applicant, referring agents and Exaireo.
6. During and after the referral process we will collect information about the applicant, which is necessary for us to deal with their 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 (or they) can ask for a copy of this notice.

**APPLICATION FOR ACCOMMODATION**

**TO BE USED BY REFERRING AGENCIES.** **IMPORTANT BEFORE COMPLETING PLEASE REFER TO THE GUIDENCE NOTES.**

|  |  |  |
| --- | --- | --- |
| Referring Agency: | Officer Name: | |
| Officer Contact No.: | Officer Email: | |
| How long have you known the applicant |  | Date |
| In What Capacity do you know the applicant: |  | |
| Will you be continuing to support the applicant?  (Please See guidance notes) |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Applicant | |  | | Applicant Contact No: | |
| Previous Name(s) | |  | | Applicant Email: | |
| Known as (Nicknames) | |  | | Nat Ins No: | |
| Date of Birth: | | Disabled Y/N – If YES: details including any special requirements | | | |
| Current Address | |  | | Start / End date | Why Leaving? |
| Previous Address | |  | | Start / End date | Why Left? |
| Previous Address | |  | | Start / End date | Why left? |
| Previous Address | |  | | Start / End date | Why Left? |
| Does the applicant have income YES / NO  Name of Benefits: | | | If No please provide details of action taken: | | |
| ID Available  YES / NO | ID Applied for  YES / NO | | If no what measures have been taken to obtain ID: | | |
| Has the *applicant* ever served in  UK armed forces? YES / NO | | | Has any member of the  *applicant’s family* ever served YES / NO  in UK armed forces? | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Will the Applicant if accepted have any regular visitors to the project? If yes are there any concerns to be aware of such as offending history, anti-social behaviour orders, prior involvement with Exaireo Trust: | | | | | |
| What date does the applicant require accommodation from? | | | | | |
| **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: | | | | | |
| Will the referral need support to deal with the following areas? | | | | | |
|  | | **Y/N** | **Will the Applicant require support?**  If yes please state what level of support will be required. | | **Other current support in place.**  Please provide information of agencies / individuals involved and contact details. |
| **Accommodation**  Sharing, relationship with landlord, neighbourhood. Understanding & Complying with the tenure of accommodation, tidiness, | |  |  | |  |
| **Income / Debt management**  Prioritising money, budgeting skills, Paying rent. | |  | |  |  |
| **Work placement, training, Education.**  Access to work placements, college courses, volunteer roles. | |  | |  |  |
| **Independent living skills**  Shopping, cooking, domestic skills etc… | |  | |  |  |
| **Health**  Physical/ mental health, substance misuse, medication etc… | |  | |  |  |
| **Compliance with statutory orders**  Substance misuse orders, Community payback etc… |  | | |  |  |
| **Safeguard from harm**  E.g. avoiding self-harm, causing harm to others |  | | |  |  |
| **Leisure, cultural, faith**  Support to access external groups, agencies, friends and family |  | | |  |  |
| Other support needs raised by client. |  | | |  |  |

|  |  |
| --- | --- |
| Previous Accommodation | |
| Please provide landlord contact details of the previous two accommodations. | |
|  |  |
| Has there been an issue or evictions with previous accommodation? If yes please provide details | |
| Please give details of any difficulties the applicant has faced in relation to finding / Keeping Accommodation | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RISK** | | | | |
| No | Risk | Yes / No | Risk level  L= Low M= Med  H= High  V=V High | Further Info |
| 1 | Has the applicant committed any schedule 1 offences |  |  |  |
| 2 | Has the applicant committed any sex offences |  |  |  |
| 3 | Is the applicant subject of registration under the sex offenders act 1997 |  |  |  |
| 4 | Has the applicant committed arson |  |  |  |
| 5 | Has the applicant committed any Violent offences? |  |  |  |
| 6 | Does the applicant have any other offending history? |  |  |  |
| 7 | Does the applicant have any anger management issues? Threatening behaviour or aggression? |  |  |  |
| 8 | Anti-social behaviour e.g. neighbourhood problems, damage to property. |  |  |  |
| 9 | Does the applicant have history of substance misuse |  |  |  |
| 10 | Is the applicant currently using drugs? This includes prescribed drugs. If yes are they:  Using illegally  In treatment  Seeking treatment |  |  |  |
| 11 | Does the applicant have any alcohol related problems |  |  |  |
| 12 | Does the applicant have a history of psychiatric illness or treatment? This includes self-harm and attempted suicide |  |  |  |

**13.** **Give a brief description of the most significant risk indicators of a general or**

**historical nature, which may pre-dispose the individual to behave in a certain way**

**14.** **Give a brief description of the feared outcome and individual / group at risk.**

Who is likely to get hurt, how seriously and in what way? When is it likely to happen and

how often?

**15. Please describe events or circumstances which could trigger dangers.**

In what circumstances is the danger likely to occur? What is the worst the individual

has done? and in what circumstances? Is the behaviour continuing?

**16. Give a description of factors, actions or events, which have reduced any risks.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicants declaration / Authorisation** | |  |  |
| **Please indicate if you agree to the following:** | | **Yes** | **No** |
| **The information I have given is accurate.** | |  |  |
| **I give permission for Exaireo trust to contact other relevant agencies to determine if the service is appropriate for my needs.** | |  |  |
| **I give permission for Exaireo trust to gather and share information to assess suitability and risk with the following Agencies where appropriate:** | |  |  |
| **Police** | |  |  |
| **CJIT – (Drug and Alcohol Testing)** | |  |  |
| **Swanswell -(Drug and Alcohol Testing)** | |  |  |
| **Probation Service** | |  |  |
| **Community Mental Health Team** | |  |  |
| **Social Services** | |  |  |
| **Local Authority** | |  |  |
| **Housing Benefit** | |  |  |
| **Previous Housing Providers** | |  |  |
| **I agree to 3 way meetings between Exaireo Trust support workers and relevant agencies** | |  |  |
| **I agree to fully take part in The support element of the accommodation Licence agreement.** | |  |  |
| **Applicants Signature** |  | | | |
| **Print Name** |  | | | |
| **Date** |  | | | |

**Referring Agent Declaration:**

**The information provided is based on information available on the date of completing this form. I am satisfied that this referral is appropriate to the applicants identified need and risk and I have completed this form to the best of my knowledge.**

|  |  |
| --- | --- |
| **Referring Agents signature** |  |
| **Print name** |  |
| **Position in Organisation** |  |
| **Date** |  |

**Equalities Monitoring *(to be completed by, or on behalf of, the applicant)***

*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*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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) |  |