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**The Exaireo Trust**

**referral form ( Recovery programme)**

Please use this referral form to refer individuals or your self to our **assisted living** **recovery programme**.. 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 or via email to info@exaireo.org**

*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:** |
| **If agency referral , name and job title of referrer** | **=** |
| **Current/care of address:**  |
| **Marital status****⌂ Single ⌂ Married ⌂ Civil partnership ⌂ Widowed ⌂ Divorced** **⌂ Separated ⌂ Co-habiting** |
| **Do you have any chidren? Yes / NO** **If yes , are they dependants? Ie live with you** **Please give details eg who they live with , Social worker , any court orders , child protection orders in place etc.** |
| **Employment status****⌂ Receiving Universal Credit ⌂ Other benefits , if yes which ones?----------------------------------****⌂ Part time work ⌂Full time work ⌂ Other** |
| **Details of substance / alcohol / other misuse:**W**hat substances do you / the individual use?****Describe the current pattern of use ( length , pattern , frequency)****Describe the substance misuse history (length , patterns , amounts)****Describe any history of withdrawal symptoms and previous problems****Current, if any plan for detox****Previous interventions (eg residential / community detox)** |
| **Who is your next of kin? Please give contact details:** |

|  |  |
| --- | --- |
| **Criminal behaviour****Medical information** | **Violence – to you or by you** |
| **Name and address of GP** | **Details of any other health professionals** |
| **Mental Illness / Disability** |  |
| **Dates:** | **Diagnosis:** | **How does this affect you? / Support needs** |
| **Physical Illness / Disability** |  |
| **Dates**: | **Diagnosis:** | **How does this affect you? / Support needs** |
| **Details of any medication you are on (include dosage** | **Are you registered disabled? Please give details if answer is yes.** |
| **Could you be pregnant?****YES****NO****UNSURE** | **If the answer is yes < please give expected date of birth and other relevant details** |
| **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: |
| **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.**

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| --- |
| **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) |  |