**Connection Support Supported Housing Services**

**Referral Agency details**

|  |  |
| --- | --- |
| Contact Name: | Tel No: |
| Referring Agency: | Email: |
| Self-referral ? | |

**Client Information**

|  |  |  |
| --- | --- | --- |
| Applicant Name: | | |
| Date of Birth: | Age: | Male/Female/Non-Binary\*  \*Please delete as necessary |
| Present Address | | |
| Contact Details  Email address: Tel No  Mobile No: | | |
| Previous Address | | |
| NI Number | | |
| About your ethnic origin, Please tick below which describes you best:  White: British: □ Irish: □ Other: □  Mixed: White & Black Caribbean □ White & Black African □  White & Asian □ Other □  Asian or Asian British: Indian □ Pakistani □ Bangladeshi □ Other: □  Black or Black British: Caribbean □ African □ Other: □  Chinese or other ethnic group: Chinese □ Other □  Gypsy, Romany, Irish Traveller: □    Other (please specify):…………………………………………….............…I do not wish to answer; □ | | |

**Present Accommodation Details**

|  |
| --- |
| For example: Home/Other Housing Provider/Foster Care/YOI/Friends/Family/Rough Sleeper/Other\* – please specify:  \*Please delete as necessary and add any additional useful detail |

**Reason for seeking accommodation and support. Please give detailed description of current circumstances**

|  |
| --- |
|  |

**Please supply the name and contact number of a person who would be able to provide a reference, eg, School/College/Youth Worker**

|  |
| --- |
| Name: |
| Position: |
| Relationship: |
| Tel No: Mob No: |
| Email address |

**Client Background History**

|  |  |  |  |
| --- | --- | --- | --- |
| Recent Medical Treatment |  | Youth Offending Team or Probation involvement |  |
| Health Conditions/Allergies |  | Self Harm |  |
| Social Services involvement |  | Current criminal, charges or bail conditions |  |
| Alcohol and or Drug use |  | Violent or aggressive behaviour |  |
| Domestic Abuse (Specify if previously referred to MARAC) |  | Pregnancy |  |
| Mental Health Issues |  | Arson |  |
| Prescribed Medication |  | Sex Offences |  |

If any of the above have been ticked please give details. We can process applications more quickly if we have as much information as possible, eg, case reports.

|  |
| --- |
|  |

Please indicate preferred accommodation:

|  |
| --- |
| 16-25 Accommodation: Reedham House, Burnham |
| 16-25 Accommodation: Havenfield, High Wycombe |
| 17-25 Accommodation: High Wycombe |

**What we do with this information**

We will use this information to assess whether we are able to offer you a supported housing service

We will also carry out a Risk Assessment for each applicant, using the information you have given, along with reports received from any agency that you are involved with, which we understand were sent to us with your consent. We will ensure you are involved throughout this process. The aim is to achieve shared goals and will assist us to reach an informed decision regarding your application for accommodation.

We confirm that we will only use this information for the purpose for which it was provided, which was to assess your application for supported housing. We will use this information in accordance with our Data Protection Policy which complies with the General Data Protection Regulations (GDPR) 2018.

A copy of our Privacy Notice can be found on our website: [www.connectionsupport.org.uk](http://www.connectionsupport.org.uk)

**Data Protection Act (2018) – I consent that the information provided on this form may be shared with other agencies where it is relevant to my application for supported housing and my ongoing support needs.**

|  |
| --- |
| Applicant signature: Date: |

**Please email your referral to the follow address:**

**[padstones@connectionsupport.org.uk](mailto:padstones@connectionsupport.org.uk)**

**Once your referral is received we will contact you to discuss more about the service and what we can offer. If you have any queries please contact**

**Padstones on 01628 660472**