

Application / Referral Form

The information provided by you in this form will be used by us to assess the housing and support needs of you or your client. Please provide all of the information requested. Any information willingly withheld or not disclosed may result in a placement being withdrawn.

If you need to speak to anyone about this application form you can contact us by telephone on **01872 554141** or email: **info@glencarne.org.uk**

Client name: _____ **Date of completion:** _____

Referrer / agency details	
Name	
Job title	
Name of the organisation	
Address	
Postcode	
Contact number(s) / mobile	
Email address	
Which capacity do you know the client?	
How long have you known the client?	
How long has your organisation known the client?	
Client details	
Client's full name (and preferred name if appropriate)	
Client date of birth	
Does the client have any specific needs or disabilities we need to know about (physical, mental health or learning difficulties)?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please give as much detail as possible</i>

Other known agencies

If it is relevant to the application, please tell us of any other agency or individual in contact with the applicant (e.g. drug/alcohol worker, CPN etc.) For additional information please use "Additional Information" at the end of this form.

Name of individual	
Job title	
Name of the organisation	
Address	
Postcode	
Contact number(s)	
Email address	
Which capacity do they work with the applicant?	

Reasons for referral

Please describe why the applicant needs assistance from Glen Carne. Tick the box or boxes that best describes the circumstances and reason for making an application.

In need of housing? <i>For example, currently homeless, sofa surfing, facing eviction etc?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please give as much detail as possible</i>
In need of support? <i>For example, help with finances, debts; leisure activities, contact groups or friends; better managing physical or mental health, substance misuse; help in keeping and finding further accommodation, complying with statutory orders, avoiding harm to themselves or others; developing confidence, etc.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please give as much detail as possible</i>
In need of education or training? <i>For example help with finding training or education; support with finding paid work or voluntary work.</i> <i>Glen Carne runs accredited Horticulture courses in association with Duchy College.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please give as much detail as possible</i>

Risk Assessment Indicators

Glen Carne provides shared accommodation for vulnerable people. To safeguard the interests of all residents and anyone visiting and providing services at Glen Carne we assess the risk of all applications.

Please identify any known risks and rate as low, medium or high risk (L / M / H). Provide additional comments below to assist us in our risk assessment. Comments provided in this part of the referral form will be taken into account in assessing an application but they do not necessary exclude someone from being accepted. Information will also help with future support planning.

Physical health (including risk of harm to self)			
<i>Rate as L / M/ H in any relevant areas and enter details beneath each entry</i>			
Fails or forgets to take medication		Poor diet	
Difficulty in maintaining health		Known medication side-effects	
Major physical illness or disability		Fails to engage with health service	
Recent deterioration in health		Severe / terminal illness	
Evidence or threat of harm to self		Broken links with optician, dentist etc.	
<i>Brief comments</i>			
Mental health (including risk of harm to self, staff, residents and wider community)			
<i>Rate as L / M/ H in any relevant areas and enter details beneath each entry</i>			
Lack of mental health awareness		Withdrawn / isolated	
Previous suicide attempt(s) or thoughts		Self-neglect (current or past)	
Current suicidal thoughts or plans		Stress / anxiety or depression	
Recent mental health deterioration		No links with mental health services	
Paranoid thoughts or delusions		Evidence or threat of self-harming	
Violence / risk linked with missed medication		Evidence or threat of harm to staff, clients, others and wider community	
Violence / triggers risk linked with mental health		<i>Any known mental health diagnosis:</i> e.g. bi-polar, schizophrenia , SAD etc.	
Risk of overdosing or self-medicating			
<i>Brief comments</i>			

Substance misuse (including risk of harm to self, staff, residents and wider community) <i>Rate as L / M/ H in any relevant areas and enter details beneath each entry</i>			
History of alcohol or drug misuse		Recent increase in substance misuse	
Current alcohol misuse		Violence related to substance misuse	
Current drug misuse		<i>Current known substance(s):</i>	
Unwilling to engage with support services / external agencies			
Threat of harm to self, staff and wider community through substance misuse			
<i>Brief comments including any known periods of abstinence:</i>			
Violence (including risk of harm to staff, residents and the wider community) <i>Rate as L / M/ H in any relevant areas and enter details beneath each entry</i>			
History of violence to others		Known violent sexual behaviour	
Threats of violence or harm to others		Known sexual harassment to others	
Past investigation or conviction relating to child protection issues		Known use of weapons	
History of arson		Known violent triggers / indicators	
Past institutionalisation due to violence		Any past evidence or threat of harm to staff, clients, specific individuals or the wider community	
Recent violent incident (within last 8 weeks)			
<i>Brief comments</i>			
Safety from others (including staff, residents and the wider community) <i>Rate as L / M/ H in any relevant areas and enter details beneath each entry</i>			
Past / current physical abuse		Past / current harassment by others	
Past / current psychological abuse		Past / current racial abuse	
Past / current financial abuse		Past / current religious belief abuse	
Past / current sexual abuse		Any evidence or threat of harm from staff, clients, specific individuals or the wider community	
Past / current exploitation from others			
<i>Brief comments</i>			

Shared accommodation*Rate as L / M/ H in any relevant areas and enter details beneath each entry*

History of nuisance / anti-social behaviour		History (or risk) of damage to property or contents	
Previously abandoned accommodation		History of arson / criminal damage	
Previously disengaged with support services		Sexually inappropriate behaviour to staff, residents, others	
Past eviction from accommodation		Past violence or any known threats to staff, residents, others	
Risk of theft from others			

*Brief comments***History of convictions, court orders, ASBO's etc.**

Date of conviction	Offence	Sentence	Spent Y/N?

*Brief comments***Please state your assessment of the risk factor of:****the applicant to themselves:** Low Medium High **the applicant to other people** (including other clients, staff and wider community):Low Medium High **In respect of risk is there any other information you feel Glen Carne should be made aware of?**

Additional information

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Declaration and Signature

Glen Carne will store and use the information that you have provided, and any other information you may provide us with in the future, for the purpose of dealing with the application for housing and support and any subsequent offer that is made.

Whilst we may share information a referrer provides with the client, we will not disclose it with any other person or organisation, unless under a legal duty to do so, or if withholding information would pose a significant risk to others, or we have the client's express consent to do so. If requested by the applicant, outcomes of assessments will be explained to the applicant or referral agency.

Please sign and date this form once completed.

I confirm to the best of my knowledge this is a true and accurate referral. By submitting this application I give permission for Glen Carne to contact any agency or individual as appropriate to consider this application and to contribute towards producing a suitable Support Plan.

Your signature:

Date:

Your name (printed):

Date:

OFFICE USE ONLY

Notes:

Application code:

Date referral form received:

Please return this form by

posting to: Glen Carne, Barkla Shop, St Agnes, Cornwall TR5 0XN
tel/fax (please call prior to faxing): **01872 554141** or email: **info@glencarne.org.uk**

If you need to speak to anyone about this referral form or would like to leave comments or feedback about it please contact us on the details above

Copies of this document are available in LARGE PRINT or Braille

An interpreter can be made available / Tłumacz może być zrobiony dostępny / Ein Dolmetscher kann verfügbar gemacht werden / Un intérprete puede ser hecho disponible /

Un interpréteur peut être rendu disponible / 一名翻译人员能被使可供使用 /

يمكن أن مترجم يصنع متوفر.

Equal Opportunity Monitoring

Glen Carne is committed to the promotion of equality of opportunity in its employment policy, practices and procedures and commitment to ensure that no-one applying to or using its service is discriminated against. To help us monitor the effectiveness of our policies we need to analyse statistical information. Therefore we would be grateful if you could provide us with the following information.

This form will be separated from your application form and treated in the strictest confidence. The information you provide will be used for statistical purposes only and will not be used as part of a selection process or have any other significance. It is helpful if you complete all sections of the form.

Note that not all of our accommodation is suitable for disabled people. However, selected bedrooms are designed specifically to accommodate someone who is a wheelchair user.

Please complete all of this form by ticking the appropriate boxes		
Do you consider yourself disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age category	<input type="checkbox"/> 16 – 24 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 55 – 64	<input type="checkbox"/> 25 – 34 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 65 and above
Ethnic origin Please choose ONE section from 1 to 7, then tick ONE box to best describe your race/ethnicity		
1 – White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> European	<input type="checkbox"/> Any other white background Please specify:
2 – Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African	<input type="checkbox"/> Any other black background Please specify:
3 – Asian or British Asian	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background Please specify:
4 – Mixed	<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other mixed background Please specify:
5 – Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other background Please specify:
6 – Other	<input type="checkbox"/> Gypsy <input type="checkbox"/> Romany	<input type="checkbox"/> Any other background Please specify:
7– Do not wish to disclose	<input type="checkbox"/> Tick this box if you do not want to answer this question	
OFFICE USE ONLY		Application code:

If you would like to leave suggestions or feedback on this form please contact a member of staff on (01872) 554141 or email: info@glencarne.org.uk