**Referral Form**

***Please send completed form to:*** [***referrals@myshon.co.uk***](mailto:referrals@myshon.co.uk)

**Referral Agency Details**

|  |  |
| --- | --- |
| Referral Agency details (inc. organisation name and contact information) |  |
| Name of Person Making Referral |  |
| Contact Number |  |
| Reason for referral |  |
| Date of Referral |  |

**Applicant details**

|  |  |  |
| --- | --- | --- |
| Applicant Name |  |  |
| Address |  |  |
| Contact number |  |  |
| Date of Birth |  |  |
| N.I number: |  |  |
| Gender |  |  |
| Nationality |  |  |
| Reason for referral |  |  |
| Are you in receipt of benefits |  |  |
| If so which benefits and how much |  |  |

**Previous 3 Year Address History**

|  |  |  |  |
| --- | --- | --- | --- |
| Address | Dates/Duration | Landlord Details | Reason for leaving, |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Applicant Medical Background/History**

|  |  |
| --- | --- |
| Social Worker, CPN or any other medical professionals |  |
| GP Name and address |  |
| Mental health history |  |
| Physical health history |  |
| Present medication or treatment |  |
| Any other relevant information |  |
| Forensic background (Criminal Record)  Please include full details of current/previous offences)  **(This information must be provided)** |  |
| Probation officer if allocated. Name & contact details |  |

**Risk Assessment**

|  |  |  |
| --- | --- | --- |
| **Does applicant have a history of the following risks?** | **Indicate Risk Level**  **L/M/H** | **PLEASE PROVIDE DETAILS** |
| Violence, aggressive behaviour  (Verbal and/or Physical) |  |  |
| Self-harm / suicide / mental health formal diagnosis |  |  |
| Drug / alcohol misuse |  |  |
| Medication: Non-compliance, memory issues, unintentional/intentional overdose. |  |  |
| Child protection issues |  |  |
| Sexual or schedule 1 offence |  |  |
| Criminal convictions / offences |  |  |
| Self-neglect / neglect of others |  |  |
| Antisocial behaviour |  |  |
| Damage to property |  |  |
| Neighbourhood problems |  |  |
| Arson/Firearms |  |  |
| Rent arrears/finances |  |  |
| Risk of exploitation or abuse from others |  |  |
| Any other risks |  |  |
| Is the applicant at risk of harm from others? If yes, please provide details |  |  |
| Should any precautions be taken into account when interviewing the applicant in addition to those normally taken in relation to H&S good practice |  |  |

**Authorisation - Applicant**

* I give my consent to the disclosure of this information for the purpose of finding accommodation and to the disclosure of any supplementary information attached for housing purposes, in line with GDPR regulations

• I give my permission for the outcome of this referral to be explained to the referral agency

* I agree to participate in a support package including support planning and assessment

• I would / would not like a copy of this referral (Delete as appropriate)

Signed ………………………………………………………………….. Dated

**Authorisation Referral Agency**

MYSHON Intensive Housing

………………………………………………………………….. Dated

Support Worker

Position in Company: ……………………………………………..