



INITIAL REFERRAL FOR SUPPORTED ACCOMMODATION

Please use this section to provide information about the person being referred.

Name:	National Insurance No:	
Date of Birth:	Age:	
Gender:	Ethnicity:	
Current Address/or care of:		
Telephone:		
Email:		
Current Living Arrangements (Please mark with an X):		
<input type="checkbox"/> Homeless	<input type="checkbox"/> Own Tenancy	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Residential Care	<input type="checkbox"/> Staying with Family/Friends	<input type="checkbox"/> Supported Accommodation
Other (please describe):		
Please tell us a little more about the situation – what are the reasons for needing supported accommodation? What actions have been taken already? Are there any specific issues that we should consider?		
Do you have any physical or mental health concerns?		
Are there any criminal convictions or ongoing involvement with the police? (for referral agents, please advise of any safeguarding concerns)		

Are you receiving any support from any of the following? Please provide name and contact number:

Social Worker:		NCC Homeless Team	
Probation Officer:		Community Mental Health	
Drug or Alcohol Services		Other:	
Is an interpreter or signer required to assist in the referral process? Please note, dependent on availability, this may require a follow up appointment?			

Are you making this referral on behalf of someone else? If so, please provide your contact information below so we can provide feedback on the referral.

Name:	Job Title:
Organisation:	Telephone:
How long has the applicant been known to you?	

How did you hear about Barnabas Safe & Sound?

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CONSENT

Under General Data Protection Regulation (GDPR) 2018 it is a requirement to obtain consent to store and share information about you with other agencies and organisations who may be involved in providing support services to you. Barnabas Safe & Sound maintain data to provide a range of support services. All data is stored securely and is only used for the provision of support services. You have a right to prevent this and therefore, do not have to consent if you do not want your information to be shared. However, it would be difficult for Barnabas Safe & Sound to offer supported accommodation without consent, but we may still be able to signpost you to other services in the area.

Please tick here to give your consent to store and share information regarding this referral
(Referral agents: please tick to confirm you have the applicant's verbal authorisation).

DECLARATION

I confirm that the information contained in this document is true and includes all relevant information.

Applicant/Referrer Signature:	Date:
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