



**emmaus**  
**Leicestershire & Rutland**

## **REFERRAL FORM**

- **Do you want to do something different with your life?**
- **Do you want to help others while helping yourself?**
- **Are you willing to work as a volunteer to the best of your ability to improve your life and that of those around you?**
- **Are you willing to take responsibility for making good things happen?**
- **ARE YOU LOOKING FOR A CHALLENGE?**

**If so, we can offer you:**

- **A chance to build upon your social and employment skills by volunteering within our social enterprise. (40hrs)**
- **Full board accommodation in your own room in our community.**
- **Support to help with issues you may need to deal with & referral to specialist agencies.**
- **A small allowance and toiletries**
- **Holidays, social activities and events**
- **A chance to be part of the Worldwide Emmaus Movement where you become part of a global family.**

**We are very keen to ensure this is a positive experience for you and us. Therefore, we will need to carry out Risk and Needs Assessments to make sure it is right for both parties.**



### Referral Application

Referrer: (if self, write 'self')		Contact Number:	
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Personal Details				
Name of applicant:		Gender:		
Date of birth:		N I number:		
Phone number:		Email:		
Country of origin:		Are you eligible for housing benefit?	<b>Yes</b>	<b>No</b>
		If you answered no, please give details:		
Next of Kin:		Contact details:		

Current housing situation					
Sleeping Rough:		Social housing:		Private rent:	
Hostel:		Facing eviction:		Eviction date?	
Sofa surfing:		Long stay Hospital:		Family home:	
Prison:		Other(give details):			
Where are you currently located – address/site/town					
Skills and qualifications – briefly tell us about your most recent job, your skills, what you enjoy doing and your ambitions for the future					



Five-year housing history				
Start date	End date	Address	Type of accommodation	Reason for ending

Has the applicant ever lived in an Emmaus community?				
Community	From	To	Reason for leaving	

Please give any other support workers/ organisations currently helping you with your accommodation needs

Support worker:	
Organisation:	
Address:	
Phone number:	
Phone number:	
Email:	



Physical health		
Does the applicant have any physical health issues? If yes please give details below – include diagnosis, treatment and ability to self-medicate	Yes	No
Does the applicant have any physical disability? If yes please give details below – include accessibility requirements	Yes	No
Does the applicant have any allergies? If yes please give details below – including severity, treatment and ability to self-medicate.	Yes	No
Does the applicant have any special dietary needs? If yes please give details below	Yes	No
Please list any current medication below.		
Name of medication	Dosage	Side effects
Can the applicant climb stairs?	Yes	No
Is the applicant fit enough to work a five day week in Emmaus?	Yes	No



Mental health				
Does the applicant have any mental health issues			Yes	No
Please indicate the nature of these issues – <i>tick any relevant boxes</i>				
Depression		Schizophrenia		
Alcohol abuse		Psychosis		
Drug abuse		Self-harm		
Anger problems/violence to self or others		Suicide attempts		
Diagnosed personality disorder		Paranoia		
Please give details of any known trigger(s) for episodes of the above				
Please give details of any mental health services applicant is engaged with				
Contact name	Service	Phone number	Address	

Drug use			
Please tick any drug/substance that you have used recreationally			
Cannabis – any form		Mephedrone	
Cocaine		Heroin	
LSD		Ecstasy or other MDMA variant	
Amphetamines		Ketamine	
NPS 'Legal Highs'		I never used <b>any</b> drugs	
Other – please specify			
Please tick any drug/substance that you have used regularly			
<b>Drug</b>	<b>Age started</b>	<b>Length and frequency of use</b>	<b>Length of time clean</b>
<b>Cannabis</b>			
<b>Cocaine</b>			
<b>Crack</b>			
<b>Heroin</b>			
<b>LSD</b>			
<b>Ecstasy, MDMA or other variant</b>			
<b>Amphetamines</b>			



<b>Ketamine</b>			
<b>Mephedrone</b>			
<b>Magic Mushrooms</b>			
<b>NPS 'Legal Highs'</b>			
<b>Other</b>			
Previous treatment for drug use			
<b>Treatment received</b>	<b>Agency</b>	<b>From</b>	<b>To</b>
Current treatment for drug use			
<b>Treatment received</b>	<b>Agency</b>	<b>From</b>	<b>To</b>
Any known triggers for drug use or relapse?			
<b>Emmaus has a zero tolerance policy towards illegal, 'Legal highs' and recreational drug use. Use of any substances whilst a member of a community can result in eviction and a possible ban from all communities.</b>			

Alcohol use							
How many units of alcohol do you drink?							
Daily		Weekly		Monthly		Rarely	
Approx. units		Approx. units		Approx. units		Tick if you only drink rarely	
What alcohol do you drink?							
Has alcohol ever caused any of the following problems in your life?							
Relationship breakdown				Victim of violence			
Debt				Aggression			
Eviction				Hospital admission			
Loss of job				Cirrhosis			
Offending				Pancreatitis			
Other – please specify							



Have you ever sought or been advised to seek help for alcohol abuse?		Yes	No
Previous treatment for alcohol use			
<b>Treatment received</b>	<b>Agency</b>	<b>From</b>	<b>To</b>
Current treatment for alcohol use			
<b>Treatment received</b>	<b>Agency</b>	<b>From</b>	<b>To</b>
Do you have any triggers for binge drinking / excessive alcohol use? – please give details below		Yes	No
Do you have a family history of alcohol abuse? – if yes please give details below		Yes	No
<p><b>Emmaus expects people who have a history of alcohol abuse to be prepared to address this problem and will work with them to do so</b></p> <p><b>Emmaus expects people who return to a community after drinking will go straight to their room; failure to do so might result in eviction and a ban from all communities.</b></p>			

Gambling history			
Have you gambled in the past? – if yes please give details below		Yes	No
Do you receive any help/support to abstain from gambling?		Yes	No
Who by?			



Has gambling ever caused any of the following problems in your life?		
Relationship breakdown		Victim of violence
Debt		Offending
Eviction		Mental health problems
Loss of job		Other – please specify

Offending history		
Criminal convictions – if yes please give details	Yes	No
Probation orders – if yes please give details including Probation office and named office	Yes	No
Outstanding court appearances / warrants – if yes please give details	Yes	No
Cautions – if yes please give details	Yes	No
Arson ( that may or may not have resulted in a criminal conviction) – if yes please give details	Yes	No
Violence (that may or may not have resulted in a criminal conviction) – if yes please give details	Yes	No
Sexual offences/ named on Sex Offenders Register – if yes please give details	Yes	No





Financial History			
Assets / savings			
Bank Account(s)			
Debts			
Amount owed	For what	To whom	Since year

Confidentiality
<p>Emmaus respects your confidentiality, any information provided will only be used to assist in the risk assessment, needs assessment and selection process needed to comply with our admission policy, a copy of which is available on request. This information will be kept secure and only for as long as needed and not be seen by anyone who is not involved in the above process.</p> <p><b>I agree that the information provided is true and correct. I acknowledge that by giving information which I know to be false I may be at risk of my licence to occupy being withdrawn.</b></p> <p><b>Signature of applicant:</b></p> <p><b>Date:</b></p>

Referees			
Name		Relationship	
Contact details – please include mobile and office numbers, email and business address			
Name		Relationship	
Contact details – please include mobile and office numbers, email and business address			



### Consent Disclosure

If your referral is being returned via email please note that once this section has been completed, **pages 8 and 9 should be printed, signed, scanned and returned with the completed referral.** Please retain the original, should it be required in the future.

Date

Name

NI number

I give my permission to disclose my information to EMMAUS

I give my consent under the Data Protection Act 1998 for EMMAUS to contact any relevant agencies regarding myself in the best interests of myself and the Emmaus community.

It is understood that this may also include checks with the Police.

Sign: (Applicant)

Sign: (On behalf of Referral Agency)

Please return your completed application form to:

Claire Hodson  
Support Manager  
Emmaus Leicestershire and Rutland  
The Emporium  
Stockwell Head  
Hinckley  
LE10 1RG

Or by email to: [supportmanager@emmauslandr.org](mailto:supportmanager@emmauslandr.org)