

DATE OF REFERRAL

Please complete all sections, incorporating third party risk assessment form and return together with relevant information

**Source of referral:** St John's  Agency  Other

Referring Agency  Officer

Agency Office  Contact

Title  First Name  Surname  Date of Birth

National Insurance Number:

Address:

Postcode:

Telephone Contact:

## ■ NEXT OF KIN INFORMATION

Name  Relationship:

Address:

Postcode:  Telephone:

## ■ INCOME DETAILS

Income Source:  Benefit Claim:  Amount:

Usual pay day:  Last pay day:

**Arrears:**

Housing Benefit:  Council Tax:  Amount:

Is there a re-payment plan already in place YES  NO

## ■ ACCOMMODATION HISTORY

Current Accommodation:

<input type="text"/>	Postcode: <input type="text"/>
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Previous Accommodation:

<input type="text"/>	From: <input type="text"/>	To: <input type="text"/>
<input type="text"/>	From: <input type="text"/>	To: <input type="text"/>
<input type="text"/>	From: <input type="text"/>	To: <input type="text"/>

## ■ PERSONAL / FAMILY HISTORY

Please provide as much details as possible:

## ■ OFFENDING HISTORY

Date of last conviction:  **Probation Client:** YES  NO

Current offence:  Sentence and type of supervision:

Previous offending history:

Name of Probation Officer:  Contact Telephone:

Probation Address:

## ■ OTHER AGENCIES

Please give details of any other agencies involved with the person being referred:

Name:  Contact:  Tel:

Details of Involvement:

■ **SUPPORT - SECURING AND MAINTAINING ACCOMMODATION**

Compliance with tenancy/occupancy agreement:

Previous evictions from permanent or temporary accommodation:

Neighbourhood relationships / disputes:

Essential life skills / cooking, cleaning, budgeting etc:

■ **SUPPORT - ECONOMIC WELLBEING**

Benefit Issues:

Debts and Budgeting:

Other:

■ **SUPPORT - ENJOY AND ACHIEVE**

Training / Education / Work Experience / Volunteering / Employment:

Cultural / Faith Issues / Language Issues:

Social Networking Or Other Issues:

■ **SUPPORT - STAYING HEALTHY**

Mental / physical health:

Alcohol / drug use:

Learning disabilities or other issues:

■ **SUPPORT - STAYING SAFE**

Offending or harm to / from others:

Anger management:

Domestic violence / harassment:

Child / adult protection issues or other issues:

■ **SUPPORT - MAKING A POSITIVE CONTRIBUTION**

Challenging and / or uncooperative behaviour

Lack of confidence / control in life issues or other issues:

**ESTIMATED MOVE ON DATE**

# Third Party Risk Assessment

This part of the application is intended to identify possible risks to the Service User and/or others who may come into contact with them.

**It is very important that the information you provide is as full and accurate as possible to ensure the safety of all concerned. The information received will form Compass St Johns' referral and risk management process.**

Is the applicant verbally aggressive or do they demonstrate verbal behaviour which could be perceived as aggressive by others

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Is the applicant physically aggressive or do they demonstrate physical behaviour which could be perceived as aggressive by others

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Does the applicant have a history of self harm, para-suicide or attempted suicide eg, eating disorder.

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Does the applicant have a history of verbal and/or physical violence towards women (abusive behaviour, domestic violence, stalking etc)

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Does the applicant have a history of abusive and/or physical violence towards staff / female staff specifically

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Have any identified risks been evident in the applicant's past accommodation including any time spent within prison or a hostel

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Does the applicants health present any risk to either themselves or others that may come into contact with them

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Is the applicant physically aggressive towards their environment? eg. damage to furniture, kicking/punching walls etc.

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Does the applicant have any historical/present risk in respect of exploitation either sexual or financial

YES  NO

LOW  MEDIUM  HIGH

Please provide more details

Please provide any further information which may assist in risk reduction with this applicant eg. signs or circumstances of when risk behaviour might occur. known triggers and how the risk can be managed

# Equality Monitoring

We want to make sure that all our services are delivered fairly. We are therefore asking you the following questions, so that we can make sure that our services include everyone's needs. The information you provide will be kept confidential.

We will use your answers to pull together statistical information so that the Council can check the fairness of any services you receive. This information will only be used by Compass St John's and St John's Approved Premises Management Team.

You do not have to answer these questions. If you choose not to answer these questions, it will not make any difference to the service you receive. By answering these questions you will help us to ensure that our services are fair and accessible to all.

**Gender**

Male  Female

**Date Of Birth**

**First Part of Postcode (eg, LS10)**

## Ethnic Origin

Please choose one section from A-E, and then tick the appropriate box to indicate your ethnic background

### A - White

British

Irish

Other

### B - Mixed Race

White/Black Caribbean

Irish

Other

### C - Asian or Asian

Indian

Pakistani

Bangladeshi

Kashmiri

Other

### D - Black or Black British

White/Black Caribbean

Irish

Other

### E - Other Ethnic Groups

Chinese

Gypsy/Traveller

Polish

Czech

Arab

Other

# Equality Monitoring

## Sexual Orientation

Hetrosexual / Straight

Gay Man

Bisexual

## Relationship Status

Married

Civil Partnership

Co-habiting

Single

## Do you consider yourself to be disabled

Yes

No

Type of impairment

Physical impairment, (such as using a wheelchair to get around and /or difficulty using your arms)

Sensory impairment, (such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment)

Mental health condition, (such as depression or schizophrenia)

Learning disability, (such as Downs syndrome or dyslexia), or cognitive impairment (such as autism or head injury)

Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

## Please tick appropriate box to describe your religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No Religion

Other

## Residency

Are you a British / United Kingdom citizen

Yes

No

If you are a national of another country, are you:

An EU National

An Asylum seeker

A refugee

A student

Other