Referral Form for Mayday’s Housing Transition Service

To be treated as Private and Confidential

|  |  |
| --- | --- |
| Location the referral is for: |  |
| Date: |  |

If you need more space to answer any of the questions please continue on additional paper. If you have any questions about completing this form please contact us and we will be happy to help you.

Please remember to return this form with the Confidentiality Statement and Consent Form. We will talk about confidentiality together when we meet for a housing conversation.

Please return all completed forms to the Mayday location you are interested in.

Mayday Trust works on the principle of collaborative working. Therefore, we have outlined our commitment to how we will jointly work through the referral process below.

Our Commitment:

* We shall process the referral in a fair, open and transparent way. We will at all times work to our policy on equality and diversity. If you are unhappy with any aspect of the process please do not hesitate to let us know.
* We shall treat all private and sensitive information received as part of the referral process in a highly professional and respectful way and in line with our Data Protection Policy.
* We commit to processing the referral efficiently and the full process will take no longer than 7 working days.

Your Commitment:

* I confirm that, to the best of my knowledge, that the information contained within this form is accurate.
* For Referrers: I confirm that, if the person’s referral is successful, I (or another appropriate person from my organisation) will participate in any planning and implementation required to assist the person to work with Mayday Trust. If for any reason I (or my organisation) cannot continue to work with the person, we will provide a reason and an alternative contact/agency with a plan of how to continue working with the person.

By signing this referral you agree to these principles of working together through the referral process.

Referrers Details:

(You can move to the next section if you are completing this form yourself)

|  |  |  |  |
| --- | --- | --- | --- |
| Please tell us which organisation you represent? | |  | |
| Contact for the referral: |  | Job Title: |  |
| Contact address: |  | | |
| Postcode: |  | | |
| Telephone/ Mobile |  | | |
| Email: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Ex-armed forces?: |  |
| D.O.B. |  | Age: |  |
| Telephone numbers: | Landline:  Mobile: | Gender: | Female |
| Male |
| Other |
| Current Address / Most Recent address |  | National Insurance Number: |  |
| How long have you/they lived at the address? |  | Type of Tenancy? |  |
| Reason for leaving? |  | Rent Payment Per Week? | £ |
| Do you/does the person have ID? | **Please note**: This is a standard check which will not necessarily affect the referral. | | |

Personal Details:

Please note: If you are under 18 years old we will need you to have a guarantor or someone who has a duty of care for you.

Next of Kin details:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Relationship to you |  | Relationship to you |  |
| Contact address |  | Contact address |  |
| Postcode |  | Postcode |  |
| Telephone (landline/mobile) |  | Telephone  (landline/mobile) |  |

Referral type:Please indicate where the person is being referred from:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Health/housing authority | Hospital | Night shelter | Prison | |
| Social Services | Probation | Personal/self | | Other |
| If other, please provide details: |  | | | |

Reason for working together:

|  |
| --- |
| Please tell us what you would like to achieve by working with Mayday? Or why are you referring this person to Mayday? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| (For Referrers) How long have you known the person? | | |  |
| Are you/ is the person under voluntary or statutory supervision, in custody or institutional care? | | | Yes  No |
| If Yes, please provide contact details for the Supervising Officer: | | | |
| Contact Name: |  | | |
| Contact address: |  | | |
| Postcode: |  | | |
| Telephone/ Mobile: |  | | |
| Email: |  | | |
| Has an expiry/discharge date been agreed? | | | Yes  No |
| If Yes, please give details: | |  | |

Agencies:

|  |  |
| --- | --- |
| Do you or does the person work with any of the following? We may need to ask for further information. | |
| Social Worker | Probation Officer |
| Community Mental Health Team | Other agency involvement |

Accommodation:

|  |
| --- |
| Please describe your/the person’s current accommodation: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you/ has the person ever lived at any other Mayday Trust property? | Yes  No | Please specify which scheme: |  |

Accommodation history (for the past 3 years):

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Address: |  | Previous Address: |  |
| Postcode: |  | Postcode: |  |
| Type of Tenancy: |  | Type of Tenancy: |  |
| Length of stay: |  | Length of stay: |  |
| Reason for leaving: |  | Reason for leaving: |  |

Income Details:

|  |
| --- |
| Please tell us about money you or the person receives in order to cover the rent and personal charges. Please think about benefits you/the person receives or income from employment.  It is important you provide as much detail as you can as this may affect benefit referrals. |
|  |
| Do you or does the person have any previous rent arrears or other important financial repayments?  It is important that you tell us about any money you or the person owes so that we can work together to pay off outstanding debts.  **T**his may not affect your referral to Mayday Trust and this information will remain confidential. |
|  |

If you would like to speak to a Mayday Coach to learn more about the Personal Transition Service please let us know.

Keeping Yourself Safe

The aim of this process is to ensure that, as far as possible, we can work with you to help to keep everyone safe.

Depending on the information you provide, we may have to ask for additional information or supporting documentation. We will only ever ask for information relevant to us being able to work together. We will not exclude people on the basis of risk.

You are welcome to complete this form yourself or the person referring you to do this on your behalf. We would appreciate relevant information on the circumstances of any risks you include.

|  |  |
| --- | --- |
| Name of person completing the risk assessment: |  |
| How long have you known the person and in what capacity? |  |

Please provide information in the following areas, being as factual as possible.

|  |  |
| --- | --- |
| The person may at times feel unsafe due to:   * Through exploitation * Self-harm * Mental/emotional wellbeing * Criminal activity * Physical Health * Substance Use |  |
| The person may need to develop skills to manage any risk posed to others in the following areas:   * Through exploitation of others * Violent or aggressive behaviour * Mental/emotional wellbeing * Criminal activity * Health issues * Substance Use |  |
| Is there multi-agency involvement to keep the person or other people safe, i.e. MARAC, SARAC, MAPPA etc.? |  |
| Any additional information relevant to this referral |  |

Person’s Signature: Date:

Referrers Signature: Date:

Equal Opportunities:  
To be treated as private and confidential.

We are committed to equality and promoting diversity. To make sure everyone this happens it is essential for us to monitor diversity information. This helps us to see if we are working with everyone from our communities. By providing us with this information you are helping us to develop and improve our work.

This information is confidential and will be used for review purposes only but **please only answer the questions you feel comfortable with.**

|  |  |  |  |
| --- | --- | --- | --- |
| Age: |  | | |
| Gender: |  | | |
| Is your gender identity inconsistent with (different from) the sex you were assigned at birth? | | Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sexuality/sexual orientation (please write in) | | |  | |
| Ethnicity/race |  | | Religion/belief |  |
| Relationship status | |  | | |
| Disabilities, please describe if you have any disabilities | | | | |