

APPLICATION AND REFERRAL FORM FOR COVENTRY AND WARWICKSHIRE YMCA



Endeavour Court, 20 Chelmarsh, Daimler Green, Coventry, CV6 3LB

Telephone: 02476597009

e-mail: -housing@coventry-ymca.org.uk

Please complete this form in full in **BLOCK CAPITALS** and return to the above address

1. General Information

Full Name of Applicant –

Gender –

Male

Female

Date of Birth:-

__/__/__

Current Address:

Telephone Number:

Postcode:

National Insurance Number:

What type of accommodation are you looking for?

One Bedroom Flat

Two Bedroom Flat

Bedsit

What area would you like to live in?

Coventry

Rugby

Details of Next of Kin:-

Name:

Relationship to Applicant:

Address:

Referrers Details –

Name:

Telephone Number:

Address:

Email Address:

Postcode:

2. Housing Information

Please indicate below which best describes your present accommodation-

- 1. Renting from local authority
- 2. Renting privately
- 3. Owner Occupier
- 4. Bed and Breakfast or other temporary accommodation
- 5. Renting from a Housing Association
- 6. Renting with work
- 7. Living with family or friends
- 8. In the care of the local authority
- 9. Homeless
- 10. Other (please specify) _____

Address History- for the past 5 years

<u>Dates from/to</u>	<u>Address:</u>	<u>Reason for leaving:</u>

3. Reason for needing accommodation

Please tick the box/boxes that apply to your reason/reasons for needing accommodation -

- Overcrowding
- Problems with health/disability
- Relationship Breakdown
- Financial Difficulties
- To be closer to family/friends/employment
- Harassment
- Domestic Violence
- Loss of tied accommodation
- Leaving care
- Poor Housing conditions
- Need for independent accommodation
- Eviction/Repossession
- Asked to leave by family/friends
- End of assured short hold tenancy
- Other (Please specify)

4. Economic Circumstances

Please indicate which of these best describes your position

- Working full time (24hrs or more a week)
- Working part time (less than 24hrs per week)
- Full time student
- Part time student
- Unemployed
- Job seeker
- Long term sick

Name, Address and Telephone number of your Employer/School/College –

Weekly Income –

What is the total amount of money you receive each week?

£ _____

Do you have any outstanding debts? Yes No

If yes, do you have a payment plan in place to clear the debt?

Please give details –

5. Other professionals that work with you and/or your family

Are there any other professionals that work with you and/or your family and how often do you have contact with them? Please give their details below –

1.) Name of Organisation: _____ Workers Name: _____
Address: _____

Postcode: _____ Telephone Number: _____

Email Address: _____
How often do you have contact? - _____

2.) Name of Organisation: _____ Workers Name: _____
Address: _____

Postcode: _____ Telephone Number: _____

Email Address: _____
How often do you have contact? - _____

3.) Name of Organisation: _____ Workers Name: _____
Address: _____

Postcode: _____ Telephone Number: _____

Email Address: _____
How often do you have contact? - _____

We would welcome additional support from staff to assist you as you move towards further independence, if there is something that you would like further support with then please give details below.

Please tick any areas that you may need support with or that you have experienced and give details

Sexual abuse		Mental Health		Motivation	
Violence		Gambling		Taking responsibility	
Self-harming		Resettlement		Personal Care	
Alcohol/ solvent/ drug use		Living skills		Communication	
Offending behaviour		Basic skills		Social groups	
Cruelty to animals		Medication		Money management	
Homelessness		Emotional support		Other (please state)	
Schedule one offender		Arson			

6. Health

Please provide us with the name, address and contact telephone number for your Doctor.

Please provide us with the name, address and contact telephone number for your Dentist.

Please provide us with information on any medical condition you may have and any medication you are currently taking.

Please provide us with any family medical history and anything else that you think may be may be relevant.

Are you waiting to be referred to any organisation with regards to your health? Please give details below -

7. References

Please provide us the name, address and telephone number of someone whom you have asked to act as a reference to your personal character, this should not be supplied by a relative but could be supplied by – E.g. Employer, social worker, tutor, probation officer or a priest.

If you are currently renting accommodation please give the same detail for your landlord. If you do not wish for the YMCA to contact your current landlord please give your reasons below.

8. Other Information

Do you have any specific requirement to enable you to attend an interview? Yes No

If yes please specify

Do you have any pets? Yes No

Are you related to a member of Coventry and Warwickshire YMCA staff or Management Committee?

Yes No

If yes please give details

Please provide us with any additional information that may assist your application

9. Equal Opportunities

The purpose of this is to help us to discover the extent to which discrimination prevents people gaining access to housing association accommodation. The statistical evidence gathered from these questions will be used to assist us in combating discrimination by improving the equality of our services.

Gender –

Male

Female

Date of Birth -

__/__/__

What is your ethnic origin?

Asian/Asian British; Indian

Asian/Asian British; Pakistani

Asian/Asian British; Bangladeshi

Asian/Asian British; Other

Black/Black British; African

Black/Black British; Caribbean

Black/Black British; Other

Chinese/Other; Chinese

Chinese/Other ethnic group; Other

White British

White Irish

White Other

White & Black African

White & Black Caribbean

White & Asian

Other

Do you consider yourself to have a disability?

Yes No

Are you registered Disabled?

Yes No

What is your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual
- Prefer not to disclose

What is your religion/Belief?

- Sikh
- Muslim
- Christian
- Buddhist
- Jewish
- Hindu
- Other

10. Declaration

I certify that the information I have given is accurate.

I am aware that giving false information may result in my application being refused, or Coventry and Warwickshire YMCA may end my tenancy.

Signed _____ Date _____

RISK INFORMATION

Name of Applicant	
D.O.B.	
Legal Status (If Applicable)	
Form Completed By	
Professional role of person completing information	
Date of Completion	

Please use this form to identify ALL risks or areas of concern relating to the young person, by ticking yes or no.

Please include information based on your own work with the young person, as well as known history and previously identified risks, indicating whether or not any risk that has been identified in the past is still current.

Wherever you have identified a risk, please give further details. These details should be on the **Risk Assessment Form** (copy attached)

The risk assessment information you provide will be used to assess the risk management issues in supporting the young person, and it will contribute to our assessment of the support needs of the young person.

It will therefore be an important part of the assessment about whether or not Coventry & Warwickshire YMCA is the right place for the person.

In order to ensure a safe living and working environment for everyone at the YMCA, we rely on the thoroughness and accuracy of your information.

Non-disclosure of risk can jeopardise a future tenancy and may be regarded as a breach of the duty of care.

Please tick Yes or No to indicate if (to the best of your knowledge) there are any risks to or from the applicant in the areas listed below. If you know of any risks not covered, please note them also. Please also include all historical risks.

Please complete a separate Risk Assessment Form (next page) for **each** risk identified.

Risk to others	Yes	No	Risk to self	Yes	No
Incidents of violence			Self Harm		
If so to whom: Other clients Public Friends/Family			Suicide attempts		
			Self neglect		
			Risks arising from alcohol misuse		
			Risks arising from substance		
Problems managing anger/impulsive behaviour			Vulnerability to abuse or exploitation. Eg financial, physical.		
Possessing/carrying weapons			Risks arising from health issues.		
Abuse/harassment of others			Disengaging with services		
Criminal activity			Parent/soon to be a parent		
Exploitation of others			Sudden changes to circumstances which may lead to risk taking behaviour		
Sexual assault					
Sexual harassment					
Danger to children			Family conflict		
Danger to animals			Social isolation		
Arson			Detail any other risks below.		
Accidental fire risks (eg from smoking)					

Name: _____

Risk: _____.

RISK ASSESSMENT: If you have answered yes to any of the questions in the above section, please note your assessment of any associated potential risk posed by or to the client. Please complete this section even if you do not normally carry out risk assessments.

What is the risk?	Current / Historical	Who is likely to be at risk?	What might trigger the risk?	What is the likelihood of this risk occurring?	How can the risk be managed?

Date assessment carried out: _____

Review Date: _____

I agree that the information provided in this form is correct. I give my consent for this information to be given to Coventry & Warwickshire YMCA and for Coventry & Warwickshire YMCA to contact other agencies involved in my support if necessary.

Signed _____
Applicant/young person.

Signed _____
Referrer/professional

Date _____