



The Ship Hostel

Operations – PR/050

REFERRAL TO THE SHIP HOSTEL

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Name:	Age:	Date of birth
AKA (also known as):	Items of identity:	
National Insurance number:	Supporting information attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Current situation, including length of time homeless/rough sleeping:

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Brief history prior to homelessness, including details of events leading to homelessness:

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Previous accommodation in last six months:

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Does client have tenancy elsewhere? If yes, are benefits being claimed for this address?

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Does client have a current benefit claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last payment:	
Which benefits are being received:	How much £	How often
.....		
.....		
.....		
.....		



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Does client have any previous convictions? If yes give details:

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Current risk assessments – information attached? Yes No

If no information attached please give brief details:

Does client have any drug or alcohol problems/issues? Please give details:

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Details of any prescribed medication:

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Is client registered with other agencies? (Probation details must be disclosed)
Please give details of other agencies and contact names:

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Referral completed by (name printed):	Signature:	Date:
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Name of agency: _____ Your Fax No: _____

Length of time client known to agency before referral: _____

Can referrer vouch for information given in this referral? Yes No

Will there be further contact with client if accommodated? Yes No If yes, please specify: _____



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Declaration

I the applicant, have checked the information and answers and these are true and accurate to the best of my knowledge. I also give my consent that the SHIP hostel can contact and request information from the person who is referring me/supporting my application and/or any other agencies, support and service providers who have been engaged with me who can support my referral to the SHIP.

I have been made aware that any information requested would be in support of my referral and solely based on a need to know basis.

I confirm that I am homeless or rough sleeping, and I understand that if I have given false information, this may result in the withdrawal of any accommodation offered

Applicant's signature: Date:

Name – printed:

Unsigned referrals will not be accepted, please check all details before referral is submitted.

When completed, please FAX to 01752 306293 or send to: SHIP Hostel,
George Place,
Stonehouse,
Plymouth,
PL1 3NY

This section is for SHIP Hostel staff use only

Has referral previously been accommodated at the SHIP? If yes, are there any issues to be aware of other than arrears?

If ex residents, has check for arrears been made? Yes No

If yes, by who and when?

Arrears outstanding £

Agreement for payment of arrears on entry: Amount to be paid on entry? £

Further agreed amounts and periods of payment eg Weekly, Fortnightly and specified amount:



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Equal Opportunities Statement (Including Anti-discrimination practice and harassment)

We recognise that in society certain groups of individuals have suffered and continue to suffer direct discrimination and victimisation.

We are committed to actively oppose any discrimination on the basis of gender, race, colour, ethnic origin, nationality, disability, age, marital status, sexual orientation or religious affiliation.

It is our intention to ensure that the services that we offer are available to all without unfair discrimination, and that no one is disadvantaged on the grounds listed above.

We seek to ensure that harassment should not take place in the hostel, harassment is defined as "behaviour which is unwanted and unreciprocated and which is demeaning or intimidating to an individual". Harassment can take the form of jokes, inappropriate remarks, less favourable treatment and bullying.

It is our intention to take positive action to ensure equality of opportunity and treatment on matters specified above in dealings with others outside the hostel and generally through our work.

Equal Opportunities Monitoring

We would be grateful if you would fill in this form and return it with your application. We are working towards equal opportunities and this information will help us with monitoring our referrals.

This information will not be used as part of the referral process itself and is held confidentially and separately from the application forms.

Name:

1. Are you: Male Female

2. Your age (to the nearest year):

3. How would you describe your ethnic origin?

- Please tick one:
- Black
 - Afro-Caribbean
 - Black-British
 - Asian (Indian)
 - Cypriot (Greek/Turkish)
 - Chinese
 - Irish
 - White – European
 - White – British
 - Other (please Specify):

4. How did you become aware of the SHIP hostel?
