



Applicant Referral Form

Name of Applicant: Known As:	
Contact details:	Mobile number: Other numbers:
Contact address:	
Other contact person (friend or neighbour, particularly important if the person has no phone):	
A person who might be willing to translate if necessary:	
Age:	
Gender:	Male / Female
Religion?:	
Date of referral and date accommodation required from:	
Nationality	
Language including level of spoken English:	List language(s) spoken in order of fluency (most fluent first):
Interpreter required	Yes/No
If 'yes' which language?	

G.P. (if any):	
Dentist (if any):	
Any family currently living in UK? Name & Address:	
Likely length of stay: Short-term (up to 2 weeks) Medium term (2 weeks - 3 months) Long term (3 months+)	
Length of time the person has been destitute, including any relevant information on their situation within the legal system: How long are they likely to be destitute? Plans for future claims and how they have managed so far since destitute:	
Are you aware of any reason why the applicant should not be placed in a household with children?	Yes / No
If the answer is YES to any of the following questions please give details HEALTH Is the applicant taking regular medication for Physical or Mental health reasons? Does the applicant have a history of deliberate self-harm? Does the applicant have any particular a) dietary needs? b) allergies?	

Does the applicant have a history of challenging or aggressive behaviour?	
Does the applicant have a history of drug or alcohol dependency?	
Is the applicant a smoker?	
Would applicant to willing to be placed in a house with pets?	
How far from the City Centre would the applicant be prepared to be placed?	
Past employment and particular interests?	
Length of time known to you?	

**PLEASE READ THE FOLLOWING TO THE PERSON YOU ARE REFERRING
(WITH AN INTERPRETER IF NECESSARY):**

THE PERSON WHO IS OFFERING YOU ACCOMMODATION:

IS OFFERING YOU A PLACE IN THEIR HOME AS A GESTURE OF FRIENDSHIP

IS NOT BEING PAID ANY MONEY

IS NOT CONNECTED TO THE HOME OFFICE

IS NOT CRB CHECKED

This Voluntary Project has very few places, so this accommodation is ONLY TEMPORARY and it is important that you keep-up your current arrangements.

And Please be aware that the use of illegal drugs on any of our hosts' premises, including in their gardens, may lead to an immediate ending of the placement. The Hosting Project may decide to inform the Police.

DATA PROTECTION

The information contained in this form will be stored in a secure place, and will NOT be shared with anyone without the consent of the applicant (the person named on the form).

However, by signing this form, the applicant gives consent for the information contained in it to be shared with the SHARE Tawe Voluntary Hosting Project and host/s with whom they are to be accommodated.

Signature of person completing form:

Agency:

Date:

Signature of applicant:

Date: