**P3 Referral Form – Reading Road Wokingham**

We can support young people who are:

• Aged 16-25 years old

• Living in the Wokingham Borough or with a local connection to Wokingham

• Homeless or at risk of homelessness

• On Wokingham Borough Council Housing Register (see below for how to apply)

• Have an identified housing related support need (low to medium)

How to refer to this service:

All initial referrals should be made completing the P3 application form below. Completed referrals should be emailed to Wokingham.referrals@p3charity.org

To be eligible for the service you will need to be on the Wokingham Borough Council Housing Register. If you are not already on the register please see the guide below on how to apply and ensure your form is sent back to the Housing Needs Team:

[www.wokingham.gov.uk/housing-and-tenants/housing-needs/homelessness/](http://www.wokingham.gov.uk/housing-and-tenants/housing-needs/homelessness/)

To discuss referrals or for more information on how to apply, please get in touch with Christine Ayers on

Christine.ayers@p3charity.org or call 0118 9788598

**Section 1 About You**

Q1. Your Details.

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  | **Age:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Gender:** | **Male** □ **Female** □ |
| **NI number:** |  |
| **Your current address:** |  | **Length of stay:** |  |
| **If you are not a current Wokingham resident. Please give reasons for wanting to move to Wokingham:** |
|  |
| **Type of accommodation:** | **Living with Family** □ **Sofa Surfing** □ **Living in a Hostel** □**Prison** □  **Foster Care**  □ **Sleeping Rough** □**Living with Friends** □ **Other □ ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reason for leaving:** |  |
| **Immigration Status:**(If applicable) | **Community Sponsorship** □ **Seeking Asylum** □ **Student Visa** □ **Indefinite Leave to Remain** □ **Leave to Remain** □**N/A** |
| **Are You:** | **Single** □ **In a Relationship** □ **Married** □ **Divorced** □ **Separated** □ |
| **Are You:** | **LAC** □ **Section:………………….. CIN □ Care Leaver** □ **None** □  |

**Section 2 Details of Referring Agency**

Q2. Please provide referring agency contact details or tick the box for self referral. **Self Referral □**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Referrers Name:** |  | **Job Title:** |  |
| **Job Title:** | - |
| **Telephone Number:** |  | **Email Address:** |  |
| **Address:** |  |

**Section 3 Other People Involved**

Q3. Please give details of the people listed below. They may be contacted to provide further information in support of your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Worker Name:** |  | **Contact Number:** |  |
| **Email Address:** |  | **Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health Worker:** |   | **Contact Number:** |  |
| **Email Address:** |  | **Address:** |  |

|  |  |
| --- | --- |
| **Youth Offending / Probation Officer Name:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Address:** |  |

|  |  |
| --- | --- |
| **Next of Kin Name:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GP** |  | **Contact Number:** |  |
| **Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dentist** |  | **Contact Number:** |  |
| **Address:** |  |

**Section 4 Housing History**

Q4. Please tell us about two of your previous addresses and your reasons for leaving.

|  |  |
| --- | --- |
| **Previous Address:** |  |
| **Length of Stay:** |  |
| **Reason for Leaving:** |  |
| **Type of Accommodation:** | **Living with Family** □ **Sofa Surfing** □ **Living in a Hostel** □**Prison** □ **Foster Care** □ **Sleeping Rough** □**Living with Friends** □ **Other** □ ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 4a Housing History Continued**

|  |  |
| --- | --- |
| **Previous Address:** |  |
| **Length of Stay:** |  |
| **Reason for Leaving:** |  |
| **Type of Accommodation:** | **Living with Family** □ **Sofa Surfing** □ **Living in a Hostel** □**Prison** □ **Foster Care** □ **Sleeping Rough** □**Living with Friends** □ **Other** □ **­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever been evicted from a property:** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |
| **Have you ever abandoned a property:** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |

**Section 5 Financial Details**

Q5. What is your financial status?

|  |  |
| --- | --- |
| **What is your current income:** | **Job Seekers Allowance** □ **Income Support** □**Employment Support Allowance** □ **Disability Living Allowance** □**Salary** □ **None** □**Social Services** □ |
| **Amount:** |  | **Frequency:** |  |
| **Are you getting Housing Benefit:**  | **Yes** □ **No** □ | **Weekly Amount:** |  |
| **Have you ever been refused Housing Benefit:** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |
| **Do you have any outstanding rent arrears:** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |
| **Do you have any Store Cards:** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |
| **Do you have any other debts:** | **Yes □ No** □ |
| **If yes, please give details:** |  |

**Section 6 Family Information**

Q6. Please provide details of any children you have and / or if you are currently pregnant?

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have any children:** | **Yes** □ **No** □ | **Age(s):** |  |
| **Please give details:** |  |
| **Are you pregnant:** | **Yes □ No** □ | **How many months:** |  |

**Section 7 Risks**

Q7. To what extent are you at risk of the following? Please provide history (including dates) and current status. Please continue onto separate page if necessary.

|  |  |
| --- | --- |
| **Self Harm:** (e.g. any history, any available current evidence, any conversations with others, date of last episode) | **None** □ **Low** □ **Medium** □ **High** □ |
| **Please give details:** |  |
| **Suicide:** (e.g. individual and family history, expressed intentions, any current or historical triggers, any plans or methods in mind, date of last episode) | **None** □ **Low** □ **Medium** □ **High** □ |
| **Please give details:** |  |
| **Risk to Others:** (e.g. Physical or sexual abuse of others, violent attitudes or aggressive behaviour, access to weapons, current and historical triggers) | **None** □ **Low □ Medium □ High □**  |
| **Please give details:** |  |
| **Self Neglect:** (e.g. lack of motivation, not eating and drinking, personal hygiene, basic living skills) | **None** □ **Low** □ **Medium** □ **High** □ |
| **Please give details:** |  |
| **Risk from Others:** (e.g. domestic violence, child / sexual, physical, emotional abuse, bullying, racial harassment) | **None** □ **Low** □ **Medium** □ **High** □ |
| **Please give details:** |  |

**Section 8 Risks Continued**

|  |  |
| --- | --- |
| **Wellbeing:** (e.g. depression, mental health, current and historical factors, medication, trigger factors, diagnosis, counselling, date of last episode)  | **None** □ **Low** □ **Medium** □ **High** □ |
| **Please give details:** |  |
| **Arson:** (e.g. expressed intentions, history, trigger factors) | **None**□ **Low** □ **Medium** □ **High** □ |
| **Please give details:** |  |
| **Addictions:** (e.g. gambling, sex, history, trigger factors, counselling, date of last episode) | **None** □ **Low** □ **Medium** □ **High** □ |
| **Please give details:** |  |

**Section 9 Substance Misuse**

Q8. Please provide details for the following: Include as much detail as possible, including dates.

|  |  |
| --- | --- |
| **Details of drug misuse previous and current:** |  |
| **Support received / receiving / needed:** |  |
| **Details of alcohol misuse previous and current:** |  |
| **Support received / receiving / needed:** |  |

**Section 10 Physical Health and Disabilities**

Q9. Please provide details of your physical health and any disabilities or difficulties you have.

|  |  |
| --- | --- |
| **Do you have any physical health problems:** | **Yes** □ **No** □ |
| **If yes, please provide details:** |  |
| **Are you currently on any medication:** | **Yes** □ **No** □ |
| **If yes, please provide details:** |  |
| **Are you registered with a doctors:** | **Yes** □ **No** □ |
| **Are you registered with a dentist:** | **Yes** □ **No** □ |
| **Have you got or had any major illnesses :** | **Yes** □ **No** □ |
| **If yes, please provide details:** |  |
| **Do you have any disabilities:** | **Yes** □ **No** □ |
| **If yes, please provide details:** |  |
| **Do you have any learning difficulties:** | **Yes No** □ |
| **If yes, please provide details:** |  |
| **Do you have any other conditions** (ADHD, Aspergers Syndrome etc.)**:**  | **Yes** □ **No** □ |
| **If yes, please provide details:** |  |

**Section 11 Education and Employment**

Q10. Please provide details of your education and employment history and current status.

|  |  |
| --- | --- |
| **Are you either working or in training / education:** | **Yes** □ **No** □ |
| **If yes, what is your job and / or training course:** |  |
| **How many hours per week do you work at your job / training course:** |  |
| **Please give details of any work done in the past:** |  |
| **What is your career plan:** |  |
| **Name and Address of Employer / School or College:** |  |
| **Have you ever been excluded from school:** | **Yes** □ **No** □ |
| **If yes, please give details** (how many times and reasons)**:** |  |
| **What qualifications do you have:** |  |

**Section 12 Level of Ability**

Q11. Please rate your level of ability in the following areas. 1 = Low and 10 = High (please circle).

|  |  |
| --- | --- |
| **Budgeting** | **1 2 3 4 5 6 7 8 9 10** |
| **Claiming Benefits** | **1 2 3 4 5 6 7 8 9 10** |
| **Personal Hygiene** | **1 2 3 4 5 6 7 8 9 10** |
| **Food Shopping** | **1 2 3 4 5 6 7 8 9 10** |
| **Cooking** | **1 2 3 4 5 6 7 8 9 10** |
| **Reading** | **1 2 3 4 6 7 8 8 9 10** |
| **Writing** | **1 2 3 4 5 6 7 8 9 10** |
| **Verbal Communication** | **1 2 3 4 5 6 7 8 9 10** |
| **Self Confidence** | **1 2 3 4 5 6 7 8 9 10** |
| **Motivation** | **1 2 3 4 5 6 7 8 9 10** |

**Section 13 Offending Behaviour**

Q12. Please give ALL details of your offending history, current status and OASys risk assessment details from your Probation office where appropriate. **Please note failure to disclose all information could result in the delay of the application being processed. Non disclosure of crimes could also result in withdrawal of services.**

|  |  |
| --- | --- |
| **Have you ever been convicted of a crime (include cautions and warnings):**(If yes, please summarise details below) | **Yes** □ **No** □ |
| **Conviction / Warning / Caution** | **Sentence** | **Dates From - To** |
|  |  |  |
| **Are you currently subject to a community licence period (Probation):** | **Yes** □ **No** □ |
| **If yes, please give details. Include any restrictions imposed:**  |  |
| **Are you a Prolific and Priority Offender (PPO):** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |
| **Are you currently subject to a Criminal Behaviour Order (CBO):** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |
| **Do you have any outstanding court appearances:** | **Yes** □ **No** □ |
| **If yes, please give details:** |  |
| **Are you currently being detained:** | **Yes** □ **No** □ |
| **If yes, what is your release date:** |  |

**Section 14 Current and Ongoing Support**

Q13. Please give a brief description of your current situation and the current support you are receiving. Please also include what support you think you would benefit from going forward.

|  |
| --- |
|  |

**Section 15 Signature and Declaration**

**I confirm the information given on this form is true and correct. I understand that it may affect the application and / or License / Tenancy Agreement if the information provided is wrong.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |
| **Referring Agent Signature:** (if applicable) |  | **Date:** |  |

**Section 16 Consent to Share Information**

**I understand that the information I have given on this form and in discussion with staff, as part of the P3 assessment process may be shared with other P3 staff, other agencies, statutory agencies, auditors and family or friends on a “need to know” basis, without further reference to me.**

**I understand the P3 confidentiality and information sharing policy.**

**I understand that the information I have given on my application forms may be shared with or sought from other agencies and statutory bodies if this is necessary for the application process to be completed. This may be done without further reference to me.**

**I understand that in some cases the law may require that information has to be shared with other organisations without my consent.**

**I understand P3 will hold and retain information about me during my time and after I have left the service. Any information retained by P3 concerning myself will be held for a period of seven years after my departure. After the specified time, P3 will dispose of the confidential information in an appropriate manner in accordancewith and under the terms of the Data Protection Act 1998 and P3’s policy on confidentiality and sharing. I have the right to read the information in my personal files. If I think that any of the information is incorrect I can add my own comments but may not alter or delete any previous entry.**

**I must give the operations manager 48 hours notice in writing that I wish to access my file.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |

**Section 17 Proof of Identity**

Please select what proof of identity you are able to provide. [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick:** | PassportBirth CertificateDrivers LicenceProvisional LicenceEvidence of Benefits | **□**□□□□ | Evidence of National Insurance NumberMedical Card Visa None | **□**□□□ |  |

**Equal Opportunities Monitoring Form**

We are committed to eliminating discrimination. To help us monitor our equal opportunities policies, would you please provide the information requested below. The information will be treated in the strictest of confidence and will only be used to monitor our ability to provide services to all sectors of the community.

|  |  |
| --- | --- |
| **Ethnic Group** **White** [ ] British (including Scottish and Welsh)[ ]  Irish [ ]  Other White background **Asian or Asian British**[ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese Other Asian background  |  **Black or Black British** [ ]  Caribbean  [ ]  African  [ ]  Other Black background  **Mixed**  [ ]  White & Black Caribbean  [ ]  White & Black African [ ]  White & Asian [ ]  Other mixed background  **Other**   [ ]  Arab [ ]  Gypsy / Romani / Irish Traveller [ ]  Other Ethnic Group [ ]  Do not wish to disclose |
| **First language**[ ]  English [ ]  Translator required [ ]  Other (please specify)  |
| **Nationality**[ ]  UK National Resident in UK [ ]  UK National Returning from Residence Overseas [ ]  Czech Republic[ ]  Estonia [ ]  Hungary[ ]  Latvia[ ]  Lithuania**Disability**[ ]  Yes [ ]  No [ ]  Don’t know**If YES, please tick all that apply**[ ]  Mobility [ ]  Progressive Disability/Chronic illness[ ]  Visual Impairment[ ]  Hearing Impairment[ ]  Learning Disability | [ ]  Poland [ ]  Slovakia [ ]  Slovenia[ ]  Bulgaria[ ]  Romania[ ]  Other European Economic Area Contry[ ]  Any Other Country[ ]  Declined to Answer Question[ ]  Mental Health[ ]  Autistic Spectrum Condition[ ]  Other[ ]  Do not wish to disclose |
| **Gender** [ ]  Male[ ]  Female  |  [ ]  Transgender [ ]  Do not wish to disclose | **Sexual Orientation**[ ]  Lesbian [ ]  Gay man[ ]  Bisexual  | [ ] Heterosexual[ ]  Do not wish to disclose[ ]  Other |
| **Age**[ ]  Under 13 [ ]  16 -17 [ ]  18 – 25 [ ]  26 – 35  | [ ]  36 – 45 [ ]  46 – 55 [ ]  56 - 65 [ ]  66 + | **Religion**[ ]  Christian (all denominations) [ ]  Jewish[ ]  Muslim [ ]  Hindu  | [ ]  Sikh[ ]  Buddhist [ ]  None[ ]  Not known[ ]  Any other religion**[ ]** Do not wish to disclose |
| **Is the Client ex-armed forces personnel (e.g. Army, RAF, Royal Navy)**[ ]  Yes [ ]  No[ ]  Don’t know [ ]  Do not wish to disclose |  |