

FOYER REFERRAL APPLICATION FORM



The Blackburn with Darwen Foyer 1A Princes Street, Blackburn BB2 1LS

The Manchester Foyer 61 Booth Street West, Manchester M15 6PP

Personal Details

1. Name of referring agency & address

Telephone

2. Referring officer/contact name

3. Full name of applicant

4. Address of applicant

Telephone No. - Home

Mobile

Email address

5. Date of birth

Age

6. Children's Details (Blackburn with Darwen Foyer only)

1st Child

2nd Child

Name

Age

Gender

7. What is the applicant's first language?

8. Male/female

9. National Insurance number (Application will not be processed unless a National Insurance number is provided)

10. Are you an asylum seeker/refugee? Yes

No

If Yes, what is your current status?

11. Current housing situation of applicant

12. What is the reason for the applicant leaving their address?

13. Please give details of your previous address (if different to your current address) / Landlord details / HB claim

14. What is the applicant's relationship with their family?

15. Is the applicant supervised by any of the following? Yes No (Please tick)

Probation Parole Licence Bail Care Order Any other statutory supervision

16. Has there been any history of the following? (Please tick and give details if appropriate, using additional sheets if necessary)

<input type="checkbox"/> Violent Behaviour	
<input type="checkbox"/> Gambling	
<input type="checkbox"/> Heavy Drinking	
<input type="checkbox"/> Drugs/alcohol use	
<input type="checkbox"/> Arson	
<input type="checkbox"/> Fire Setting	
<input type="checkbox"/> Self Harm	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Sex offending	
<input type="checkbox"/> Misuse of Medication	
<input type="checkbox"/> Violence towards staff	
<input type="checkbox"/> Any history of offending	
<input type="checkbox"/> None of the above	

17. Does the applicant have any court cases pending? Yes No (Please give details)

18. Is the applicant on any medication? Yes No (Please state)

19. Please provide details of the name, address and telephone number of the applicant's:

Doctor

Dentist

20. Does the applicant require accommodation designed for a person with a wheelchair?

21. What does the referral worker expect from the applicant's stay at the Foyer?

22. How are you going to support the applicant during their stay at the Foyer?

23. **Please provide a supporting letter with detailed information of the applicants support package**

24. Does the applicant have any experience of living independently? (If Yes, please give details)

29. Why is the applicant interested in living at the Foyer?

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30. Please add any further information to support the application.
Please also state if the applicant has any special housing needs.

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Data Protection Statement

The information that you provide on this form and that is obtained from other relevant sources is covered by the provisions of the Data Protection Act (1998) and will be used to process the application.

By signing this application form you have agreed to the processing of sensitive personal data, in accordance with our registration with the Data Protection Commissioner.

I have read and understand the above.

Signed

Date

Declaration - TO BE COMPLETED BY THE APPLICANT ONLY

I declare that all the information I have given on this form is true to the best of my knowledge and I undertake to notify you of any change in my circumstances.

If any section of this form is left blank, it may be returned to you.

I understand that the information provided on this application form may be passed on to other housing providers.

Signed

Date

References

Please provide details of two referees from separate places, who will support your application. This section must be completed for the application to be processed. References cannot be accepted from family members.

These may include, school, training/college tutors, employer, previous landlord/housing provider or a member of any agency/organisation that the applicant has had contact with for more than 6 months. Please note that references may not be accepted from the referring organisation if they have not known the applicant for a minimum of 6 months.

Full name of referee

Job title / organisation

Relationship to you

Present address

Telephone number

Full name of referee

Job title / organisation

Relationship to you

Present address

Telephone number

Disclosure

I consent to the foyer having access to information about me in order to further my application for a place at the Foyer. I understand this information will not be shared with a 3rd party and will be for the sole use of the Foyer. If I wish them to share it with other people I will decide with whom this will be when it happens.

Signed

Date

Name

Please return this form to the address on page 1

The Foyer aims to provide accommodation for young people whatever their background. All referrals will be considered irrespective of Ethnic origin, gender, sexual orientation, religion, and disability.

To ensure that The Foyer is open to young people from all backgrounds, we ask all applicant's to complete this form. The applicant is not obliged to answer any of the following questions:

How would you describe your ethnic origin? (Please tick)

- | | |
|--|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> Mixed - White & Black Caribbean |
| <input type="checkbox"/> Mixed - White & Black African | <input type="checkbox"/> Mixed - Other |
| <input type="checkbox"/> Asian British | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (Please state) <input type="text"/> |
| <input type="checkbox"/> Not disclosed | |

Sexual Orientation (Please tick)

- | | |
|--|--|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Gay |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other (Please state) <input type="text"/> |
| <input type="checkbox"/> Not disclosed | |

Disability

- | | | |
|--|------------------------------|-----------------------------|
| Do you consider yourself to have a disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use a wheelchair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Religion (Please tick)

- | | |
|--|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> None | <input type="checkbox"/> Other (Please state) <input type="text"/> |
| <input type="checkbox"/> Not disclosed | |



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INVESTOR IN PEOPLE

اگر آپ کو اس عنوان سے کام چاہیے تو براہ کرم اپنے مقامی آفس سے رابطہ کریں