



**Application form for 4women outreach service**

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| **Self-referral** | |  |
| **Agency referral** | |  |
| **Additional sheets attached** | |  |
| **Date referral received** |  | |
| **Referral number** |  | |

Dear applicant

4women is a service of Home Group a social enterprise and a charity; it is one of the UK’s largest providers of high quality housing and integrated housing, health and social care organisations. We will use the information we collect from this form only to process your application to one of our services.

We may need to request information about you from any other agencies that work with you. This will help us to fully assess your application to the 4women service. We will ask you for your consent before we do this.

If you would like help with completing this form, please contact us at the address below and one of our service staff will be glad to help you.

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| **Applicant’s name** |  |

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| **Referrer details (if applicable)** | | | | | | | | | |
| **Referral agency** | |  | | | | | | | |
| **Contact name** | |  | | | | | | | |
| **Email address** | |  | | | | | | | |
| **Telephone number** | |  | | | **Fax number** | | |  | |
| **Your details** | | | | | | | | | |
| Address |  | | | | | | | | |
| Postcode |  | | | Contact telephone No. | | | | |  |
| N.I. Number |  | | | | | Nationality | | |  |
| Date of birth |  | | | | | | Age | |  |
| Gender | Female  Transgender  Prefer not to say  Tra | | | | | | | | |
| Do you need someone to sign for you? | | | | No  Yes | | | | | |
| Do you need information in Braille? | | | | No  Yes | | | | | |
| Do you need an interpreter? | | | No  Yes  If yes, which language? | | | | | | |

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| **More about you…** | | | | |
| When did you move into your current address? | | |  | |
| Is your current housing status: | Temporary  Permanent  Homeless | | | |
| Current landlord (if applicable) |  | | | |
| Local authority area, e.g. Breckland, Broadland, South Norfolk etc. |  | | | |
| Details of family living with you (if you need more room please attach a separate sheet) | | | | |
| Name(s) | Date of birth | | Age | Relation to you |
|  |  | |  |  |
|  |  | |  |  |
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|  |  | |  |  |
| Are you a carer/or have care arrangements? | |  | | |
| Do you have any problems in your current accommodation? | | | | No  Yes |
| **If yes, please give brief details:** | | | | |

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| **About you** (This will help us to make an assessment of your needs) | | |
| Are you currently or have you ever been dependent on alcohol? | | Yes  No |
| Do you consider yourself to have a disability? | | Yes  No |
| - If yes please give details |  | |
| - Could your disability stop you entering a building e.g. climbing stairs? | | Yes  No |
| - If yes, please give details |  | |
| Are you experiencing, or have you in the past experienced problems with depression, anxiety, self-harm or other mental health issues? | | Yes  No |
| Are you currently using or have you ever been dependent on illegal drugs? | | Yes  No |
| - If yes, please give details |  | |
| Are you currently using any prescribed drugs? | | Yes  No |
| Do you have any convictions for arson? | | Yes  No |
| Do you have any other convictions/cautions/warnings against you? | | Yes  No |
| - If yes, please give details |  | |
| Are you experiencing, or have you in the past had problems with being violent or aggressive towards others? | | Yes  No |
| Do you have an anti-social behaviour order (ASBO) against you? | | Yes  No |
| - If yes, please give details |  | |
| Are you experiencing domestic abuse? | | Yes  No |
| Are there any other areas you would like support with? | | Yes  No |
| - If yes, please give details |  | |
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| **Your financial situation** | | | | | | |  | |
| Do you have any rent arrears or any other debts? | | | | | | | Yes  No | |
| If yes, please give details, including any agreements you have made to repay the debt? | | | | | | | | |
| Please tell us what benefits you currently claim/ receive | |  |  |  | |  |  |  |
|  | |  |  |  | |  |  |  |
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|  | |  |  |  | | | | |
| Are you working? | | | | | | | Yes  No | |
| If no, please state last date of employment? | | | | | | |  | |
| Are you in education or on a training course? | | | | | | | Yes  No | |
| If yes: | What course are you doing? | | | |  | | | |
|  | what hours do you do | | | |  | | | |
| Do you do any voluntary work? | | | | | | | Yes  No | |
| If yes: | What hours do you do? | | | |  | | | |

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| **Details of past employment and relevant qualifications (Please use separate sheet if needed)** |
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| **Declaration** | | | |
| I confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any service or offer of a service. | | | |
| Signed (applicant) |  | Date |  |
| Print name |  | | |

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| **Your consent to contact your referral agency about this application** (Please sign if you are applying with the support of a referral agency) | | | |
| I give my permission for staff to discuss this application and all the information I have provided in this form with the referral agency named on page 1 of this form. | | | |
| Signed |  | Date |  |
| Print name |  | | |

**Thank you for completing this application form**

**Our commitment to you**

* We will confirm with you that we have received your application.
* If we think we may be able to help you, we will arrange to discuss your application in more detail.
* We will keep you informed about how your application is progressing
* If we cannot offer you a place with our service we will let you know and give you the reasons for our decision.
* We will make sure we treat your application fairly and without discrimination.

**Please return any completed applications to:**

[**4WomenOutreach@homegroup.org.uk**](mailto:4WomenOutreach@homegroup.org.uk)

**Or by post to:**

**4women Outreach**

**Norwich Central Baptist Church**

**Duke Street**

**Norwich**

**NR3 3AP**

To speak to a member of the Outreach Team, please telephone:

Aleksandra Burzec on 0746-4676-743

Kelly Jones on 0774-1900-624

Or email [4womenoutreach@homegroup.org.uk](mailto:4womenoutreach@homegroup.org.uk)

To speak to a member of staff at the 4women Service:

Telephone 0300 131 7983

The project is supported by a range of funders including Norfolk County Council’s ‘Local Investment in Future Talent-LIFT’ Fund, European Social Fund, New Anglia LEP’s ‘Community Challenge Fund’ administered by Norfolk Community Foundation and Norwich Charitable Trusts.

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**Monitoring**

Please can you also complete the monitoring form attached. The information you provide helps us to monitor our policies to ensure they are fair and promote access to all those who need our services.

Monitoring information does not form part of the decision making process. You do not have to complete this section if you don’t want to.

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| **Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Group as an organisation is committed to eliminating discrimination and promoting equality of opportunity. To ensure this we monitor the race, ethnicity, gender and disability of all applicants. Your information will be treated in the strictest confidence and used only as described above. It will not form part of the decision making process. **You do not have to complete this section if you don’t want to.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | | | Male | | | | | | | | Female | | | | | | Transgender | | | | | | | | Age |  |
| Do you consider yourself to have a disability? | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| If yes, what sort of disability? | | | | | | | Sight impairment | | | | | | | | | | | | | | Physical disability | | | | | |
| Mobility | | | | | | | Hearing impairment | | | | | | | | | | | | | | Learning disability | | | | | |
| Progressive | | | | | | | Mental health disability | | | | | | | | | | | | | | Prefer not to say | | | | | |
| Wheelchair dependant | | | | | | | | | | | | Occasional Wheel chair user | | | | | | | | | | | | | | |
| Difficulty turning/gripping with hands | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marriage/Civil Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Married | | | | Widowed | | | | | | | | | Divorced | | | | | | | | Unknown/refused | | | | | |
| In Civil Partnership | | | | | | | | | | | | | Separated but legally still in civil partnership | | | | | | | | | | | | | |
| Separated but legally married | | | | | | | | | | | | | Never Married/in civil partnership | | | | | | | | | | | | | |
| Formerly in Civil partnership now dissolved | | | | | | | | | | | | | Surviving partner from a civil partnership | | | | | | | | | | | | | |
| Which group best describes your ethnicity? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White | | | | | | British | | | | | | | | | Irish | | | | | | | | Other | | | |
| Black or Black British | | | | | | Caribbean | | | | | | | | | African | | | | | | | | Other | | | |
| Asian or Asian British | | | | | | Indian | | | | | | | | | Pakistani | | | | | | | | Bangladeshi | | | |
|  | | | | | | Chinese | | | | | | | | | Japanese | | | | | | | | Other | | | |
| Mixed | | | | | | White and black Caribbean | | | | | | | | | | | | | | White and black African | | | | | | |
|  | | | | | | White and Asian | | | | | | | | | | | | | | Other | | | | | | |
| Gypsies and travellers | | | | | | Gypsy | | | | | | | | | Romaine | | | | | | | | Irish traveller | | | |
|  | | | | | | Other | | | | | | | | | | | | | Prefer not to say | | | | | | | |
| Sexuality | | Heterosexual | | | | | | | | Gay man | | | | | | | Lesbian | | | | | | | Bisexual | | |
| Religion | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Pregnancy | | Currently pregnant | | | | | | | | | | | On Maternity benefit | | | | | | | | | On paternity benefit | | | | |
| Refuse to answer this section | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Consent Form**  **to contact other people/agencies for information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please complete a new form for each agency/individual** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Name of Service applied for** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Person or agency giving information** | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Information that I’m happy to share with other organisations** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **I do not want the following information to be shared** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **I give my consent for Home Group staff to request the above information and acknowledge that in exceptional circumstances when someone may be harmed or where the law requires it staff may contact agencies or individuals without my consent.**  **I am aware that I can discuss, withdraw, change or review my consent at any time.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | | | **Date** | |  | | | | | | | | |
| **Signed** |  | | | | | | | | | | | | | | | **Date of review** | |  | | | | | | | | |