



Bethel
Homeless
Ministry

Self Referral

APPLICATION
FORM

Section 1 – Personal Details

Title: Mr Mrs Miss Ms Other _____

Surname: First Name:

Current Address:

Postcode:

Contact Number:

Email Address:

D.O.B: Age:

Gender: Male Female Other:

Marital Status:

Section 2 – Identification

Do you have a birth certificate? Yes No

National insurance:

Do you have a medical card? Yes No

What is their NHS number?

Do you have a passport? Yes No

Passport number:

Do you have a driving licence? Yes No

Driving licence number:

Section 3 – Equal Opportunity

What is your nationality?

What is your ethnicity origin?

What is your religion or belief?

What is your sexual orientation?

What is your native language?

Do you have a disability? Yes No

If yes, please describe:

Section 4 – Disclosures

Do you smoke? Yes No Occasionally

Do you drink alcohol? Yes No Occasionally

Do you use drugs? Yes No Occasionally

Do you have any criminal convictions? Yes No

Please outline any convictions not considered spent under the Rehabilitation of Offenders Act

Date of Conviction	Offence	Length of Sentence

Are you on any medication? Yes No

Name of Medication	Dosage	Time Taken	Reason for Usage



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Section 5 – Family History and Background

Section 6 – Current Personal Situation and Care History

Section 7 – Education

Please outline any qualifications you have achieved so far

Qualification	Grade	Date

Are you currently studying or interested in studying?

Yes

No

If yes, please outline:

Section 8 – Employment Status

In full-time work	<input type="checkbox"/>	Company:	<input type="text"/>
		Job Title:	<input type="text"/>
		Contact No:	<input type="text"/>
In part-time work	<input type="checkbox"/>	Company:	<input type="text"/>
		Job Title:	<input type="text"/>
		Contact No:	<input type="text"/>
In voluntary work	<input type="checkbox"/>	Company:	<input type="text"/>
		Job Title:	<input type="text"/>
		Contact No:	<input type="text"/>
Retired	<input type="checkbox"/>		
Unemployed	<input type="checkbox"/>		

Please list the last 3 employment history (if applicable):

Company: Job Title: Start date: End date:	Briefly outline main responsibilities:
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Are you looking for work? Yes No

If answered either yes or no, please outline:



Section 9 – Finances

Do you have a have a bank account? Yes No

If yes, who do you bank with?

Please outline all income you receive:

Name of Income Provider	Amount Paid	Date Paid to Them
	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	

How much rent do you currently pay? £

Please describe how your rent is currently paid:

Are you in any rent arrears? Yes No

If yes, how much in total do you owe? £

Do you have any other outstanding debt? Yes No

If yes, how much in total do you owe? £

If answered yes, please fill out the boxes below:

Company	Total Amount	Contact Number
	£	
	£	
	£	
	£	
	£	

Is there anything else regarding your financial status we need to be aware off?



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Section 10 – Health

Are you in good health overall?

Yes

No

If no, please
describe why:

When was your last GP
health check-up?

When was your last dental
healthcheck-up?

When was your last optician
health check-up?

Any significant medical conditions?

Yes

No

If yes, please
describe:

Any lack of self-care?

Yes

No

If yes, please
describe:

Any mobility problems / physical disability?

Yes

No

If yes, please
describe:

Any learning disability?

Yes

No

If yes, please
describe:

Any mental health conditions?

Yes

No

If yes, please
describe:

Any substance misuses?

Yes

No

If yes, please
describe:

Section 11 – Support Needs

Which of the following areas is support required and briefly outline why it is needed?

Wellbeing	
Life Skills	
Family Network	
Work, Training or Education	
Relationships	
Registering or Signing Up	
Managing Money	
Licence or Tenancy	
Moving On	

Section 12 – Risk Assessment

Please use the following definitions to answer the questions:

High	Medium	Low
Likely, severe or significant	More frequent/regular incidents and/or of a significant nature	Isolated or occasional instances of non-significant incidents and/or a low potential of incidents occurring or reoccurring

Do you have a history and is there a risk of the following violent offences/incidents to others?

Category	H	M	L	Details
Physically abusive				
Emotionally abusive				
Social abusive				
Mentally abusive				
Sexually abusive				
Racially abusive				
Financially abusive				
Discriminate others				
Shows threatening behaviour				
Shows challenging behaviour				
Feeling annoyed often				
'Flying off the handles'				
Feeling aggressive				
Feeling out of control				
Overreacting				
Getting angry over minor things				
Shows lack of remorse				
Shows lack of regret				
Makes serious false allegations				
Theft				
Damage to property				
Arson				

What are the possible triggers and who is potentially at risk?



Do you have a history and is there a risk of the following violent offences/incidents to themselves?

Category	H	M	L	Details
Has sleeping problems				
Has eating disorders				
Self-harming				
Suicidal thoughts				
Suicidal attempts				
Misuse of medication				
Accidental overdosing				
Receptive to physical abuse				
Receptive to emotional abuse				
Receptive to social abuse				
Receptive to mental abuse				
Receptive to sexual abuse				
Receptive to racial abuse				
Receptive to financial abuse				
Learning difficulties				
Can withdraw from others				
Feels hopeless				
Self-neglect				
Easily agitated				
Can feel paranoid				
Has high or/and low days				
Hearing or seeing things that others find it hard to believe				
Can believe things will happen to them or others without rational cause				
Can behave inappropriately				
Feeling obsessed with violence, extremism, radicalisation, weapons or any other material				

What are the possible triggers and who is potentially at risk?

Section 13 – Declaration

I authorise the organisation's staff and volunteers to communicate with agencies/individuals on my behalf. Specifically, this may include:

- Job centre and local authority workers
- Doctors
- Health and mental health workers
- Housing workers
- Social workers
- Drug and alcohol workers
- Lawyers / solicitors
- Previous landlords and accommodation providers
- Police
- Probation workers
- Voluntary sector support agencies
- Family / friends

I agree to engage with the organisation's staff and volunteers and to work with an initial support plan to help me to sustain my license.

I declare that the information I have given is true, accurate and complete, and agree that it can be passed on to the organisation where necessary.

I also agree that the organisation may approach other agencies or workers for further information and that relevant information can be shared with those agencies where necessary.

Applicants Full Name: _____

Signature: _____

Date: _____