

**Wayside Application and Assessment Information**

Referrers- please put as much information as you know on this form. If we invite the applicant for assessment we can then gain further information. We may also approach other agencies, according to the signed consents, to assist with our assessment.

|  |  |
| --- | --- |
| Name of applicant: |  |
| Date of birth: |  |
| Gender: |  |
| Current address  |  |
| Accommodation type: |  |
| Contact Number: |  |
| Email: |  |
| NI Number: |  |
| Reason for application: |  |

|  |  |
| --- | --- |
| Name of referrer:  |  |
| Organisation: |  |
| Address: |  |
| Contact Number: |  |
| Email: |  |
| How long have you known the applicant? |  |

|  |  |
| --- | --- |
| Next of kin: |  |
| Address: |  |
| Contact Details |  |
| Relationship to applicant: |  |

**Housing**

(Please provide previous addresses for last 10 years.)

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| --- | --- | --- |
| Addresses (including borough) | Dates lived at this address: | Reason for leaving: |
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| Do you have any outstanding rent arrears?Have you received any tenancy warnings or evictions in the past?Have you faced any difficulties in previous accommodation?Have you ever lived in supported accommodation before? If so when & where ?Where is your originating borough/main local connection?Are you on a housing register and if so with which borough(s)?Have you ever been on a housing register(s)? Please give details of which boroughs and dates.Have you ever been refused entry onto a housing register?Do you have any connections to Reigate and Banstead borough? |

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| MOVE ON PLANWhat is your preferred move on plan from Wayside?Do you have a local borough supporting this move on plan? If so please give details.How long would you anticipate living at Wayside?If you broke your licence agreement and had to leave Wayside at short notice, where would you go to live?  |

**Training/Education**

**Education**

|  |  |  |
| --- | --- | --- |
| Schools/Colleges attended | Dates attended | Subjects studied |
|  |  |  |

**Employment record**

|  |  |  |
| --- | --- | --- |
| Job Title | Dates worked | Reason for leaving |
|  |  |  |

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| Please give details of any additional training, courses, voluntary work or other responsibilities: |

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| --- |
| If you are currently not working or in education, would you be willing to participate in voluntary work, employment or training programmes? |

**Finances**

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| What is your source of income? If claiming benefits which benefits do you receive?On what basis do you qualify for this benefit?Do you have any debts? If so, how are you paying these?Do you have any outstanding rent arrears?Do you have a history of gambling problems?Do you have any savings?Have you ever been a victim of or involved in Fraud?Do you often borrow money?Do you lend money to others? Do you need support in Budgeting?Do you have access to documentation to support a benefit claim?Passport National Insurance NoBirth Certificate Bank Statements |

**Support Needs**

Do you need support in any of the following?

|  |  |
| --- | --- |
| Employment or work experience |  |
| Education and Training |  |
| Keeping to boundaries and house rules |  |
| Budgeting |  |
| Debt management |  |
| Benefit claims |  |
| Access to other organisations/support networks |  |
| Physical health |  |
| Mental health |  |
| Counselling |  |
| Anger management |  |
| Behaviour management |  |
| Emotional support |  |
| Structuring the day |  |
| Building positive relationships with others |  |

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| What are your current goals for the next year? |
| How do you think Wayside could support you with your goals?  |

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| Do you currently have any other agencies involved with your support?Do you have any family or friends that support you? |

**Substance use**

|  |  |
| --- | --- |
| Previous or current substance dependency/misuse If you take no substances please tick  |  |

**Alcohol**

|  |  |  |
| --- | --- | --- |
| What do you drink? | How often? How many units? | Support needed |
|  |  |  |
| When did use/dependency begin? |
| Additional information |

**Illegal drugs** (including cannabis)

|  |  |  |
| --- | --- | --- |
| Current use - type of drug (s) | How often? | Support needed |
|  |  |  |
| When did use/dependency begin? |
| Additional information |

**Psychoactive Substances and Solvent Use**

|  |  |  |
| --- | --- | --- |
| Type of substance | How often? | Support needed |
|  |  |  |
| When did use/dependency begin? |
| Additional information |

**Dependency of Prescribed Medication**

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| --- | --- | --- |
| Type of medication | How often? | Support needed |
|  |  |  |
| When did dependency begin? |
| Additional information  |

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| Are you currently on, or have ever been on a detoxification program? If so, please provide details of the provider. |
| Do you receive any support for alcohol or drug use?Has your use of alcohol or drugs ever led to criminal activity?Is alcohol or drug use influenced by living in certain areas or mixing with certain people?Do you smoke? If so how many per day? |

**Offending History**

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| Have you ever been arrested? If so please give details.Have you received any convictions or cautions? If so please give details.Have you even been to prison? If so please give details.Have you ever been involved with probation services? If so, please give details of your probation officer.Are you subject to any Court orders? If so please give details.Do you have any pending court dates? If so please give details.Do you have any outstanding matters? (Including being on bail) If so please give details.Have you ever been a victim of crime? If so please give details. |

**Mental Health**

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| Do you have a history of mental health issues?Have you received support or treatment for mental health issues? Please give details of provider.Are you currently taking medication? If so please give details.Are you reliable in self-medicating?Do you have a history of self harm/suicide attempts? If so please give details.Are there any triggers that could cause a decline in Mental Health?Do you have any symptoms that display when you are unwell? |

**Medical conditions**

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| Do you have any diagnosed Health conditions or illnesses?Do you receive treatment or medication for these?Do you have any allergies? |

**Past events**

Do you have a history of involvement with any of the following?

|  |  |
| --- | --- |
| Arson |  |
| Criminal Damage |  |
| Physical Violence |  |
| Sexual Offences |  |
| Exploitation of others |  |
| Modern day slavery |  |
| Being exploited by others |  |
| Verbal abuse |  |
| Damage to property |  |
| Theft |  |
| Drug offences |  |
| Alcohol offences |  |
| Antisocial behaviour |  |
| Self-Harm |  |
| CSE |  |
| Trafficking  |  |
| Honour Based violence |  |
| Radicalisation |  |
| Domestic Violence |  |

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| Please tell us a bit about your current social group and relationships with others. |

**When socialising with others –**

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| Do you put yourself or others at risk?Do you consume alcohol or drugs?Are you easily led or find it hard to say no?Have there been any past incidents of antisocial behaviour or criminal activity? |

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| What is your marital/relationship status?Do you have any children?Are you expecting a child? If so, please give your expected due date. |

**References**

|  |  |
| --- | --- |
| Name  |  |
| Relationship to applicant |  |
| Contact email |  |
| Address |  |
| Tel no. |  |
| Consent to take reference |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to applicant |  |
| Contact Email |  |
| Address |  |
| Tel no. |  |
| Consent to take reference |  |

**Equal Opportunities**

**Ethnic Origin**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White | British | Irish  | Other |  |
| Mixed | White and Black Caribbean | White and Black African | White and Asian | Other |
| Asian or Asian British | Indian | Pakistani | Bangladeshi | Other |
| Black or Black British | Caribbean | African | Other |  |
| Chinese or other ethnic group | Chinese | Other |  |  |
| Gypsy/Romany/Irish Traveller |  |  |  |  |
| Do Not wish to disclose |

**Religion/Faith**

|  |  |  |
| --- | --- | --- |
| None | Christian(All denominations) | Other |
| Hindu | Muslim | Do not wish to disclose |
| Sikh | Jewish |  |

**Gender**

|  |  |  |
| --- | --- | --- |
| Female | Male | Transgender |
| Do not wish to disclose | Other preferred status |

**Sexual Orientation**

|  |  |  |
| --- | --- | --- |
| Heterosexual/straight | Gay woman/lesbian | Bisexual |
| Do not wish to disclose | Other preferred status |

**Disability**

|  |  |  |
| --- | --- | --- |
| None | Mobility | Chronic Illness |
| Hearing Impairment | Learning Disability | Progressive Disability |
| Visual Impairment | Mental Health | Do not wish to disclose |

**Information sharing and Consent**

Wayside will need to share information with various 3rd parties to ensure there your licence and support needs can be met and we can fulfil our statutory duties. These include, but are not limited to, local authority housing departments, benefits agency, Reigate & Banstead housing benefit, external support workers, police, nominated N.O.K./ main contact. Please sign to give consent

Signed by applicant:

Wayside may carry out background checks on applicants, prior to an offer being made, which can include a police check. Referees provided on application forms may also be contacted. Wayside may also wish to contact support workers and previous landlords. Please sign to consent to such checks.

Signed by applicant:

**Wayside accommodation**

Accommodation at Wayside is on a licence basis which is reviewed yearly. Providing there is sufficient evidence of working within you licence and making progress towards move on options, the licence will automatically be renewed each year. Please sign to accept these terms

Signed by applicant:

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| --- |
| How did you hear about Wayside? |

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| Is there any additional information that you wish to add to your applicant? |

**Declaration**

I confirm that all the information I have given is accurate to the best of my knowledge. I understand that if any information I have provided is later found to be false, my licence may be terminated with immediate effect. I give my consent for Wayside to contact any agencies that I have listed on this form, so as to assess my application.

Signed by applicant:

Date: