



SUPPORT NEEDS

<b>Mental Health Issues</b> (Self harmed/Suicidal thoughts) Current / Previous	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Alcohol related problems</b> Current / Previous	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Drug Misuse</b> Current / Previous	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Physical Health/Disability</b> Current / Previous	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Offending</b> Current / Previous	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is the applicant receiving support from any support agencies or have they received support previously from, ie Social Worker, CPN, Health Visitor, Midwife, Domestic Violence Advisory Service, Probation Officer, Drug or Alcohol Worker, please give details below

Name	Agency	Contact Details

<b>Referral Agency Details</b>	
<b>Is this referral for yourself</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Reason for self referral</b>	
<b>Is this application is about you and you are not involved with any agency you do not need to complete this section.</b>	

Name of Person making the referral:	
Position:	
Support Agency:	
Email Address	
Telephone Number	

Reason for referral and any other relevant information

**Signed on behalf of referral agent:** ..... **Date:** .....

**Signed by client:** ..... **Date:** .....

Please ensure the consent and equal opportunities forms are also completed.

**Please return securely by e-mail to [Bamber.Court2@jigsawhomes.org.uk](mailto:Bamber.Court2@jigsawhomes.org.uk)**

## DATA PROTECTION ACT 1998

These are rules about how organisations should collect, use and share personal information.

We have a legal duty to protect all personal data that we collect and hold about you.

We will be confidential in our handling of your data over the phone, paper records, computer records, in person and sharing data outside the group.

### Declaration and Consent

I give my permission for Jigsaw Homes to:-

- Record personal information about me
- Hold personal information records digitally
- Request further information about me from a third party
- Share information about me with an appropriate agency

**Signature:** .....

**Date:** .....



## EQUAL OPPORTUNITIES MONITORING FORM

Bamber Court is committed to achieving equality of opportunity for referrals to the service. In order that we may monitor the effectiveness of this we would ask you to complete the following questions. You are under no obligation to do this, and should you choose not to it will not affect your application. Information obtained here will only be used for statistical purposes and will be treated within our Confidentiality Policy (copy available on request).

How would you define your ethnic origin?

(Please tick one box)

Asian  Caribbean  African  South-East Asian

European  British  Irish  Other

Prefer not to say

I would describe myself as:

(Please tick one box)

Black  White  Mixed  Other

Prefer not to say

Are you?

Male  Female  Prefer not to say

Do you have any disability we should be aware of?

Yes  No

If so please give details