

**NUNEATON AND BEDWORTH DOORWAY REFERRAL FORM**



Doorway accepts referrals from single young homeless people aged between 16 and 25. Unfortunately we are unable to accept referrals from couples and young pregnant women.

**Date of Referral:**..... **Date and time made for Assessment:**.....

**1. Young Person's Service:**  
 Doorway has a *Young Person's Service* for young people aged 16-18 years old. If you are referring someone who is in this age group please indicate: **Yes/No**

**2. Client Details**  
 Name..... Age..... D.O.B..... Male/Female .....  
 NI Number.....  
 Current/Contact Address.....  
 Telephone Number..... Mobile.....  
**Type of accommodation occupied by Young Person prior to being referred to Doorway:**  
 Local Authority tenant  Living with family   
 H Assoc tenant  Resident Landlord   
 Staying with friends  Prison   
 Other temp accommodation  Private tenant   
 Rough Sleeping  Supported Housing   
 Foster care  Probation hostel   
 Direct access hostel  Other (please specify)   
**Has the applicant had any previous contact with Doorway? Yes/No**

**3. Referring Agency Details:**  
 Name..... Address.....  
 Telephone No.....  
 Are you aware of any other professional organisations that are working or have worked with the client?  
 If so, please advise (e.g. Connexions, Fusion, Probation, Community Drugs Team):  
 .....  
 .....

**4. Financial Information - Please tick income source of applicant:**  
 Income Support  FT Student  PT Student   
 JSA  Training Allowance  FT Work   
 PT Work  New Deal  DLA/ICA   
 Zero Income  Other  (please specify).....

**5. Applicant History:**

Has the applicant any current or previous convictions? **Yes/No**

Details: .....

Is the applicant currently or have they ever been on probation? **Yes/No**

Details: .....

Is the applicant currently or have they ever been in care? (eg. Foster Care) **Yes/No**

Details:.....

Please advise us of the names of any Social Worker or Probation Officer if applicable:

.....

**6. Equal Opportunities Monitoring:**

For the purpose of Equal Opportunities, please tick the appropriate box. This section has no effect on the referral process or subsequent interviews.

**Ethnic Origin:**

- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <b>White:</b>                         | <input type="checkbox"/> British                    | <input type="checkbox"/> Irish                    | <input type="checkbox"/> Other            |
| <b>Mixed:</b>                         | <input type="checkbox"/> White & Black<br>Caribbean | <input type="checkbox"/> White & Black<br>African | <input type="checkbox"/> White &<br>Asian |
|                                       | <input type="checkbox"/> Other                      |   |   |
| <b>Asian or<br/>Asian British:</b>    | <input type="checkbox"/> Indian                     | <input type="checkbox"/> Pakistani                | <input type="checkbox"/> Bangladeshi      |
|                                       | <input type="checkbox"/> Other                      |   |   |
| <b>Black or<br/>Black British:</b>    | <input type="checkbox"/> Caribbean                  | <input type="checkbox"/> African                  | <input type="checkbox"/> Other            |
| <b>Chinese or Other:</b>              | <input type="checkbox"/> Chinese                    | <input type="checkbox"/> Other                    |   |
| <b>Ethnic Group not known/refused</b> | <input type="checkbox"/>                            |   |   |

**7. Declaration (to be completed by the applicant):**

I consent to the disclosure of information to Nuneaton and Bedworth Doorway, and that Nuneaton and Bedworth Doorway might seek further information from my referring agency or other outside bodies as required.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Declaration (to be completed by the referring agency):**

All of the above information is true, to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**8. Please arrange for this form to be sent to the Housing Needs Advisor using the following contact details:**

**Post:** Housing Needs Advisor, Nuneaton and Bedworth Doorway, 20 High Street,  
Bedworth, Warwickshire, CV12 8NF.

**Fax:** 02476 740404

**Tel:** 02476-310056 **E-Mail:** [janine@doorway.fsnet.co.uk](mailto:janine@doorway.fsnet.co.uk)