**Wyre Forest and South Worcestershire Nightstop**

**Referral Form**

The information in this form helps determine whether Nightstop is a suitable service for the applicant. At the start of each section, we explain why we collect that information, and who we share it with – please always read that to the applicant too.

In addition, please share the following statement with the applicant;

**When we receive referrals to Nightstop we collect personal and sensitive information about you. You have a right to know who has access to personal information about you, and who it is shared with.**

**On Nightstop we ask for various pieces of information to:**

* **Help assess whether Nightstop is the best option for you**
* **Ensure it’s safe for you, and for our volunteers**
* **Monitor trends about who uses Nightstop. This is to help us improve the service, and know more about who we help**

**We take good care of your details, and they are always safe with us. We store all this information on our secure server and database, and only staff at Wyre Forest and South Worcestershire Nightstop have access to your personal information. If Nightstop is not suitable for you, we remove your data after 18 months.**

**I INSERT APPLICANT NAME understand how my personal information will be stored and what it will be used for. YES NO (please delete)**

**Date \_\_\_\_\_\_\_\_\_\_\_\_**

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| **THE REFERRAL**  This is information for the referral partner to complete. If you answer no to any of the questions in this section, please call the team to discuss before completing the rest. This information is for the Nightstop Operations team only. | |
| **Date of referral** |  |
| **Name of agency** |  |
| **Name of referrer completing form** |  |
| **Do you think Nightstop, a placement in a volunteer’s home is suitable for this applicant?** | **YES  NO** |
| **Has the applicant presented to the local authority?** | **YES  NO  DON’T KNOW** |
| **How long do you think they will need Nightstop for?** |  |

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| GENERAL DETAILS This is information that tells us a little bit more about you. It is shared with staff and volunteers, if you are successfully placed. | |
| **Full name of applicant** |  |
| **Date of birth** |  |
| **What gender do they identify as?** | **Man (inc. trans man)  Non-binary**  **Woman (inc. trans woman)  Prefer not to say**  **Prefer to self-describe (please state)** |
| **Which pronouns do they use?** |  |
| **What is the applicant’s preferred method of contact?** | **Phone:**  **Email:**  **Other:** |

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| **BACKGROUND** | |
| **Where did the applicant stay last night?** |  |
| **Did they feel safe there?** | **YES**  **NO** |
| **What is their last known address?** |  |
| **What type of accommodation was that?** | **Supported Accommodation  Family**  **Friend  Other (please state)** |
| **Why did they need to leave there?** |  |
| **When did they leave there?** |  |
| **Where is their main area or local connection?** |  |
| **Which people or organisations are part of their support network?** |  |

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| **YOUR SUPPORT NEEDS**  This helps us see whether Nightstop is right for you. We will share this information with the Nightstop team, and with our volunteers if you are successfully placed.  If the answer is yes to any of the following questions, please provide further details. | |
| **Is the applicant in education, training or employment and do they have any goals in this area? Tick all that apply.** | **In work**  **Studying/in education**  **In training**  **Looking for work**  **Looking to study**  **Looking for training**  **Please give details:** |
| **Does the applicant have any physical health needs they may need support with?** |  |
| **Does the applicant have any mental health difficulties (diagnosed or undiagnosed)?** |  |
| **Has the applicant ever self-harmed, attempted suicide or overdosed?** |  |
| **Does the applicant have any substance use difficulties?** |  |
| **Does the applicant have any criminal convictions or cautions?** |  |
| **Is the applicant known YOS or Probation? Is the applicant on bail?**  **Do they require a bail address** |  |

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| **REFERENCES**  We will need to speak to at least one professional adult who knows the applicant and can answer questions on the risk assessment.  If there are no other professional agencies working with the applicant, we could also speak to tutors/ teachers/ mentors/ faith leaders, or past employers, adult relatives, or other adults who they have stayed with. | |
| **Referee 1:**  Name |  |
| Contact details |  |
| Relationship to young person |  |
| **Referee 2:**  Name |  |
| Contact details |  |
| Relationship to young person |  |
| **Does the young person consent to a basic background check with the Police?**  **If no, only crisis support can be provided (no placement).** |  |

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| **WHO YOU ARE**  This information is to help us understand trends and demographics. It will only be shared with the Nightstop team. It may be used for research, or to improve Nightstop, but it will always be anonymised. It will not affect your assessment for Nightstop, and it is optional to share this. | |
| **What is their sexuality?** | **Lesbian/Gay  Heterosexual  Bisexual**  **Prefer not to say**  **Prefer to self-describe (please state)** |
| **What is their ethnicity?** |  |
| **What is their religion?** | **Buddhist  Christian  Hindu**  **Jewish  Muslim  None**  **Sikh  Prefer not to say**  **Other (please state)** |
| **What is their nationality?** |  |