



QUEEN VICTORIA SEAMEN'S REST

QVSR REFERRAL FORM

Date Issued: _____

Issued by: _____

Date Received: _____

Decision & Date: _____

QVSR
121-131 East India Dock Road
Poplar
London
E14 6DF

E-mail: referrals@qvsr.org.uk

Tel: 0207 987 5466

SELF – REFERRAL: YES / NO (if YES, please go to **page 2**)

AGENCY REFERRAL: YES / NO (if YES, please give contact details below)

Name of Agency / Organisation making the referral:

Address:

Name of the person making the referral:

Job Title:

Tel:

Email:

APPLICANT INFORMATION

PERSONAL DETAILS:

Name: Known As:

Date of Birth: Age:

Current Address:

Contact Number:

National Insurance Number:

Seamen's Discharge Book Number:

Armed forces information:

NEXT OF KIN:

Name: Relationship:

Address:

Telephone (Home): Mobile (Mobile):

Current Support Needs: please tick which support needs apply

Support need	main support need (tick one only)	other support needs (tick as many as apply)		
		Low	Med	High
Homelessness	0	0	0	0
Alcohol	0	0	0	0
Drugs	0	0	0	0
Gambling	0	0	0	0
Mental health	0	0	0	0
Learning difficulty	0	0	0	0
Over 60	0	0	0	0
Seafarer/Just left the armed services	0	0	0	0
Mobility problems	0	0	0	0
Serious physical illness	0	0	0	0
AIDS or HIV positive	0	0	0	0
Just left prison	0	0	0	0
Man escaping violence	0	0	0	0
Difficulty making friends and feeling isolated	0	0	0	0
Other (please specify):				

HEALTH:

Have you suffered from any illness in the past requiring medical attention?

Is this condition still ongoing? **YES / NO**

What treatment did you receive?

(a) Please give details of this and any other medical condition(s):

(b) How long have you had this illness?

(c) Are you receiving medication because of this?

(d) What is the name of the Medication(s)?

(e) How often do you have to take this medication?

(f) Have you suffered from mental illness in the past? (e.g. depression)

(g) Are you receiving any Specialist care?

Name of Specialist:

Tel:

Address:

Name of GP:

Tel:

Address:

EDUCATION / TRAINING:

a) Name and address of School/College: Tel:
(Last attended)

b) Name of personal/form tutor: Tel:

c) What course(s) are you studying?

d) How long is/was the course for?

e) What qualifications are you hoping to gain/ have gained?

EMPLOYMENT:

a) Are you working? YES / NO

b) Name and address of work place:

c) What is your job title?

Or

d) Are you looking for work? YES / NO

e) Are you in contact with the Unemployment Benefit Office (U.B.O)? YES / NO

f) What assistance or support have they offered you?

FAMILY HISTORY:

- a) Do you have any brothers? **YES / NO**
- b) If yes, how many? How old?
- c) Do you have any sisters? **YES / NO**
- d) If yes, how many? How old?
- g) Do you have contact with your siblings? **YES / NO**
- h) If yes, would you like to continue having contact with them? **YES / NO**
- i) Do you have contact with your parents? **YES / NO**
- j) If yes, would you like to continue with the contact?
- k) How would you describe your relationship with your family?

NATIONALITY:

- a) What is your Nationality?
- b) If you are **not** British, what is your immigration status?

LEGAL HISTORY:

- a) Have you had contact with the criminal justice system due to your previous lifestyle?

YES / NO

If **yes**, please give details.

LEGAL STATUS - ARE YOU ON:

Please tick

A probation order

Community service order

Automatic conditional release

Residence order

Other (please specify): _____

When does it expire?

Do you have any outstanding matters?

Have you had contact with the probation service in the last twelve months? **YES / NO**

If **yes**, please give details:

FINANCES:

a) What is your source of income?

b) How much is it?

c) How often do you receive it?

d) Do you have any outstanding fines?

e) Do you have any other outstanding debts?

f) If yes, please give details:

CHEMICAL DEPENDENCY:

- a) Have you ever used drugs? **YES / NO**
- b) If **yes**, what?
- c) How often?
- d) How much do you spend on drugs?
- e) Are you currently using drugs?
- f) If **yes**, what?
- g) Have you received treatment for this? **YES / NO** If **yes**, which Agency?
- h) Have you had counselling on how to manage your drug problems? **YES / NO**

HOUSING HISTORY IN CHRONOLOGICAL ORDER IN THE LAST 5 YEARS

(Please use an additional sheet if required)

Date	Address	Type of Accommodation	Reason for leaving

HOUSING HISTORY CONTINUED:

- a) Can you go back to your last address? **YES / NO**
- b) If **no**, why not?

Please provide any additional information to support this application, (i.e. supporting letter antecedence 609), or information from other agencies/ professionals.

COMMUNICATION REQUIREMENTS

Has the applicant any special communication requirements that would help us deal with the application? **YES / NO**

If **yes**, please give details:

How easily can the applicant read English?

Easily	0
Only large print	0
Cannot read English	0

If not English, what is the applicant's main written language?

Braille	0
Chinese	0
Gujarati	0
Hindi	0
Kurdish	0
Somali	0
Other (please specify)	0

How easily can the applicant understand English?

Easily	0
Simple English	0
Cannot speak English	0

If not English, what is the applicant's main spoken language?

Sign language	0
Chinese	0
Gujarati	0
Hindi	0
Kurdish	0
Somali	0
Other (please specify)	0
