

**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:

Telephone (Home):

Name:	Known As:
Date of Birth:	Age:
Current Address:	
Contact Number:	
National Insurance Number:	
Seamen's Discharge Book Number:	
Armed forces information:	
<u>NEXT OF KIN:</u>	
Name:	Relationship:
Address:	

# Current Support Needs: please tick which support needs apply

Support need	main support need	other	suppo	rt needs
	(tick one only)	(tick a	as man	y 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 ser	vices 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 fee	eling			
isolated	0	0	0	0
Other (please specify):				
·· · · · · ·				

Mobile (Mobile):

## 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 co	ntact with them?	YES / NO
i)	Do you have contact with your parents?	YES / NO	
j)	If yes, would you like to continue with the c	ontact?	
k)	How would you describe your relationship w	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:

LEGAL OTATOO ANE TOO 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 <b>yes</b> , what?	
c) How often?	
d) How much do you spend on drugs?	
e) Are you currently using drugs?	
f) If <b>yes</b> , 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?		How easily can the applicant understand English?		
Easily Only large print Cannot read English	0 0 0	Easily Simple English Cannot speak English	0 0 0	
If not English, what is the applicant's main written language?		If not English, what is the applicant's main spoken language?		
Braille Chinese Gujarati Hindi Kurdish Somali Other (please specify)	0 0 0 0 0 0	Sign language Chinese Gujarati Hindi Kurdish Somali Other (please specify)	0 0 0 0 0 0	

### **EQUAL OPPORTUNITIES**

QVSR is committed to providing a fair and non-discriminatory service to all our applicants. To help us ensure we do this effectively, please provide the information requested below. The information will be treated in the strictest confidence. Referral agencies should allow the applicant to self-define. Please note that if an applicant chooses not to answer these questions, their application will still be considered.

Please tick one:

White	British	Irish	Other white background (please describe)
Mixed / Multiple ethnic groups	White & Black Afri White & Black Car Other mixed /multi	ibbean	ground (please describe)
Asian / Asian British	Indian	Pakistani	Bangladeshi
	Chinese		Other Asian background (please describe)
Black or Black British	Caribbean	African	Other black background (please describe)
Other ethnic background	Arab	Other (please	e describe)
Optional:			

Heterosexual:	0	Gay:	0
Bisexual:	0	Lesbian:	0

Did you have any a	ssistant in completing this form?	YES /	NO
Please sign below t	o acknowledge that you are aware of an	d agree	e to the information given
Applicant's signatur	e:	Date:	
Printed name:			
Witness signature:		Date:	
Printed name:			
Position:			