

## SELF-REFERRAL FORM

### CONTACT DETAILS

Name					
Address					
Postal Code		Telephone		Mobile	
Email				Gender	
Date of Birth				Age	
National Insurance Number				No of Dependents	

### NEXT OF KIN

Name					
Address					
Postal Code		Telephone		Mobile	
Relation to you					

### DISABILITY

Do you have a disability					
Please give more details					
Have you made an application for housing with the Northern Ireland Housing Executive?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

### OTHER SUPPORT NETWORKS

Which of the following agencies offer you support:

	Present	Past		Present	Past
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	PBNI	<input type="checkbox"/>	<input type="checkbox"/>
Community Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Student Support	<input type="checkbox"/>	<input type="checkbox"/>
Other Supported Accommodation Providers	<input type="checkbox"/>	<input type="checkbox"/>	Drug Intervention Programme	<input type="checkbox"/>	<input type="checkbox"/>
Student Support	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Please provide contact details of other support network below

Name					
Address					
Postal Code		Telephone		Mobile	

**OTHER SUPPORT NETWORKS (continuing)**

If you moved to the project and had to manage more independently, which of the following do you think you would find difficult

- |                                  |                          |                          |                          |                                  |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|
| Getting up in the morning        | <input type="checkbox"/> | My Temper                | <input type="checkbox"/> | Loneliness                       | <input type="checkbox"/> |
| Getting to sleep at night        | <input type="checkbox"/> | Getting on with others   | <input type="checkbox"/> | Boredom                          | <input type="checkbox"/> |
| Getting to work/school in time   | <input type="checkbox"/> | Saying 'No'              | <input type="checkbox"/> | My Family                        | <input type="checkbox"/> |
| Getting a job/training programme | <input type="checkbox"/> | Reading and Writing      | <input type="checkbox"/> | My Friends                       | <input type="checkbox"/> |
| Keeping a job/training programme | <input type="checkbox"/> | Coping On My Own         | <input type="checkbox"/> | Coping with Money                | <input type="checkbox"/> |
| Alcohol                          | <input type="checkbox"/> | Cooking                  | <input type="checkbox"/> | Budgeting Money                  | <input type="checkbox"/> |
| Drugs                            | <input type="checkbox"/> | Eating a good meal daily | <input type="checkbox"/> | Gambling                         | <input type="checkbox"/> |
| Substance Misuse/Legal Highs     | <input type="checkbox"/> | Cleaning/Washing         | <input type="checkbox"/> | Debt                             | <input type="checkbox"/> |
| Getting into trouble             | <input type="checkbox"/> | Cleaning your flat       | <input type="checkbox"/> | Other, please give details below | <input type="checkbox"/> |
| Handling conflict                | <input type="checkbox"/> | Keeping a home           | <input type="checkbox"/> |                                  |                          |

Explain why?

Is there anything else you think you should tell us about yourself or your hopes and plans for the future?

**Exchange of Information**

Shelter NI may need to contact agencies relevant to your referral for your accommodation. Further information is often needed to aid the assessment process and to ensure that SLATE project is the appropriate option for you. Any information obtained will be treated in confidence and with respect.

**Please sign the following:**

I give Shelter N.I consent to contact relevant agencies to assist my application for the SLATE project. All your information will be processed in accordance with GDPR. Please see our Privacy Statement for further information. [www.shelterni.org](http://www.shelterni.org)

Young Person Signature

Date

Please return completed form to [slate@shelterni.org](mailto:slate@shelterni.org) or:  
**SLATE Project, 33-35 Castle Street, Omagh, BT78 1DD**

## Monitoring Form

### NATIONALITY

How would you describe your nationality?

- British     Irish     Northern Irish     English     Scottish     Welsh  
 Other

### DISABILITY

Do you have a disability

### COMMUNITY BACK GROUND

- Roman Catholic     Protestant     No Religion     Other

### ETHNIC GROUP

- White     Chinese     Irish Traveller     Indian Pakistani     Black Caribbean  
 Black African     Other

### SEXUAL ORIENTATION

- Heterosexual     Gay or Lesbian     Bisexual     I do not wish to answer this question

### MARRITAL STATUS

- Single     Married     Co-Habiting     Separated     Divorced

**PLEASE NOTE: If you require any assistance in completing your form or would like the information in another format please contact the office on 028 8226 7010**