

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	

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.

Getting up in the morning

My Temper

Loneliness

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

Young Person Signature

Date

Alcohol

Cooking

Budgeting Money

Drugs

Eating a good meal daily

Gambling

Substance Misuse/Legal Highs

Cleaning/Washing

Debt

Getting into trouble

Cleaning your flat

Other, Please give details

Handling conflict

Keeping a home

below

Explain why?

Empty text area for explaining why.

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

Empty text area for additional information.

Please return completed form to slate@shelterni.org or:
SLATE Project, 76A Market Street, Omagh, BT79 0AA

Monitoring Form**NATIONALITY**

How would you describe your nationality?

- British Irish Northern Irish English Scottish Welsh
 Other

DISABILITYDo 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