

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

Young Person Signature	Date
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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