

Please contact us if you require further information and/or assistance in completing this form.

This form is intended to be completed by referring agencies in conjunction with the individual requiring support. Currently, we do not accept direct referrals from individuals. Referrals should be emailed to the relevant District and Borough Councils: generic Housing Options email addresses which are listed at the end of this form.

The Subject of the email should read as follows: **“Parashoot Referral – ‘relevant District and Borough name’ – prospective customer name”**.

**Once the application is received the relevant District or Borough Council will contact the potential customer to discuss the application and will forward recommendations on to PARASHOOT. Referral agencies will be informed in writing of the decision.**

Please note where there is no capacity for a new referral there will be a small waiting list and people will be assessed on the basis of severity of need.

***This form is to be completed as accurately as possible for staff and customer safety.***

**1. Information about the completion of the application form.**

<b>Form completed by:</b>			
<b>Contact Number:</b>			
<b>Are you the applicant?</b>		<b>If not, is the applicant aware of this referral?</b> (Please note information in the form may be shared with the applicant.)	
<b>If not, please give details of your agency address and your position.</b>			

<b>Applicants signature</b>		<b>Date:</b>	
<i>And/or:</i>			
<b>Referral agencies signature</b>		<b>Date:</b>	

**2. General Information about the applicant for the support service.**

<b>Name(s):</b>		<b>Date of Birth</b>	
<b>Current Address (Including Postcode) :</b>			
<b>Type of property : Flat, house or bedsit etc No of bedrooms</b>			
<b>Telephone(s)</b>			
<b>Family Composition:</b>			
<b>Local Authority</b>		<b>Housing Type</b> Tenant (RSL, Council, Private), Homeowner or Homeless	

<b>Housing/Mortgage Provider Name &amp; Telephone No.</b>	
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**3. Equality & Diversity Monitoring Form - CONFIDENTIAL**

PARASHOOT monitors its services being provided and applications for employment. This is to ensure that access is being given on a fair basis. Monitoring allows us to identify if discrimination is taking place, so we can consider ways to redress inequality. Please tick the boxes that apply.

<p><b>1. Age</b></p> <p>Under 18 years <input type="checkbox"/></p> <p>18 – 35 <input type="checkbox"/></p> <p>36 – 54 <input type="checkbox"/></p> <p>55 – 64 <input type="checkbox"/></p> <p>65 – 74 <input type="checkbox"/></p> <p>75 – 84 <input type="checkbox"/></p> <p>Over 85 <input type="checkbox"/></p> <p><b>2. Gender</b></p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p> <p>Gender Re-Assignment <input type="checkbox"/></p> <p>Not Specified <input type="checkbox"/></p> <p><b>3. Ethnic Origin</b></p> <p><b>White</b></p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><b>Mixed</b></p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><b>Asian or Asian British</b></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><b>Black or Black British</b></p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><b>Chinese or Other Ethnic Group</b></p> <p>Chinese <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<p><b>4. Religion/Belief</b></p> <p>Baha'i <input type="checkbox"/></p> <p>Buddhist <input type="checkbox"/></p> <p>Christian <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Jain <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>None <input type="checkbox"/></p> <p>Pagan <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>Zoroastrian <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><b>5. Disability</b></p> <p>None <input type="checkbox"/></p> <p>Physical Impairment <input type="checkbox"/></p> <p>Sensory Impairment <input type="checkbox"/></p> <p>Learning Disability <input type="checkbox"/></p> <p>Frail Due to Age <input type="checkbox"/></p> <p>Mental Ill-health <input type="checkbox"/></p> <p>Health Problem <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><b>6. Sexual Orientation</b></p> <p>Bisexual <input type="checkbox"/></p> <p>Gay or Lesbian <input type="checkbox"/></p> <p>Heterosexual/Straight <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><b>7. Marital Status</b></p> <p>Single/Not Married <input type="checkbox"/></p> <p>Married/Civil Partnership <input type="checkbox"/></p> <p>Partner/Cohabiting <input type="checkbox"/></p> <p>Separated <input type="checkbox"/></p> <p>Divorced <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p> <p>Prefer Not to Say <input type="checkbox"/></p> <p><b>8. Pregnancy/Maternity Status</b></p> <p>Pregnant <input type="checkbox"/></p> <p>Maternity (Up to 26 weeks after giving birth) <input type="checkbox"/></p>
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**4. Reasons for Application with Regards to an immediate need to Maintain or Obtain a home**

**Please tick all issues appropriate to the applicant:**

Rent Arrears	<input type="checkbox"/>	Benefit Issues	<input type="checkbox"/>
Mortgage Arrears	<input type="checkbox"/>	Anti Social Behaviour Issues	<input type="checkbox"/>
Other Debts (incl. Council Tax)	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Help with Budgeting	<input type="checkbox"/>		
Help with Correspondence	<input type="checkbox"/>		

**Please add further information relevant to the application, including urgent issues. e.g. legal action pending, rent/mortgage arrears, debts or risks, etc**

**5. Health**

**Does the applicant have any health issues, that affects their ability to maintain or obtain a home, if so please state:**

**6. Disabilities**

**Does the applicant consider themselves to be disabled or to have an impairment, that affects their ability to maintain or obtain a home, if so please state:**

**7. Other Support or Mobility Issues that may have an affect on maintaining or obtaining a home**

<b>Current external agency support/visits:</b>	<b>Yes</b>	<b>No</b>	<b>Name &amp; Contact Number</b>
<b>Adult Social Services:</b>			
Care Manager			
Social Worker			
Occupational Therapist			
<b>Carer/Assistance</b>			
<b>Mental Health Support:</b>			
Primary (Support from GP)			
Secondary (Referral to CMHT)			
<b>Children Social Services:</b>			
Social Worker			
Family Support Worker			
<b>Health Visitor</b>			
<b>Community Nurse</b>			
<b>Other Agency Involvement, both statutory or voluntary, please state:</b> (Please complete Assessment of Risks and expand if necessary).			

**8. Assessment of Risks to Staff Providing Support**

<b>Are there concerns or behaviours that we should be made aware of prior to assessment?</b> <i>By disclosing this information the applicant will not automatically be excluded from joining the service. Each individual case will be risk assessed.</i>	<b>Yes</b>	<b>No</b>
Does the applicant or any other members of their household, misuse drugs and/or alcohol?		
Does the applicant have any previous or current convictions for a violent crime?		
Can the applicant become verbally abusive or aggressive?		
Does the applicant have a history of any inappropriate sexual behaviour?		
Does the applicant have a history of arson or have they ever damaged a property?		
Does the applicant have, or any other members of their household have, previous or current issues of anti social behaviour?		
Are there other issues that we should be made aware of for protection of staff and the applicant? (If yes, please specify below):		
<b>If yes to any of these, please expand:</b>		
<b>Please advise what could trigger any of the above:</b>		

<b>Has the applicant been assessed as a higher risk under the following:</b>	<b>Yes</b>	<b>No</b>
<b>Multi-Agency Public Protection Arrangements (MAPPA)</b> (Management of the most serious sexual and violent offenders.)		

<b>Risk Assessment from the Social Care Team (if applicable)</b> If there is a history of violence, inappropriate, sexual behaviour, or arson then the following questions must be answered:		
Has there been a risk assessment completed?	<b>Yes</b>	<b>No</b>
If yes - please attach if possible.		

<b>Are there any other agency Risk Assessments?</b>	<b>Yes</b>	<b>No</b>
If yes, please attach if possible.		

<b>What controls can be put in place:</b>
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**9. Safeguarding Issues**

<b>As far as you can possible tell, is the applicant at risk of:</b>	<b>Yes</b>	<b>No</b>
Physical Abuse		
Psychological / Emotional Abuse		
Verbal Abuse		
Sexual Abuse		
Financial / Material Abuse		
Abuse of Individual rights / Discriminatory Abuse / Racial Abuse		
Professional abuse		
Neglect		
Institutional Abuse		
Domestic Abuse		
Risk to Self (i.e. Self Harming)		
Has the applicant been assessed as higher risk under: <b>Multi Agency Risk Assessment Conference (MARAC)</b> (Part of a coordinated community response to domestic abuse, incorporating representatives from statutory, community and voluntary agencies working with victims/survivors, children and the alleged perpetrator.)		
Other, please state:		
<b>Please expand on any of the above.</b>		

**Please email this form to:**

**Mole Valley District Council**  
[housing@molevalley.gov.uk](mailto:housing@molevalley.gov.uk)

Telephone: 01306 885001

**Tandridge District Council**  
[homelessness@tandridge.gov.uk](mailto:homelessness@tandridge.gov.uk)

Telephone: 01883 732810/732824

**Epsom & Ewell Borough Council**  
[contactus@epsom-ewell.gov.uk](mailto:contactus@epsom-ewell.gov.uk)

Telephone: 01372 732000

**Reigate & Banstead Borough Council**  
[housing.advice@reigate-banstead.gov.uk](mailto:housing.advice@reigate-banstead.gov.uk)

Telephone: 01737 276000

**Data Protection**

The information recorded on this form (called 'personal data' in the Data Protection Act) may be put on Raven Housing Trust and Prospect Housing and Support Services joint partnership (hereafter referred to as PARASHOOT) computer systems and/or may be kept as manual records and will be processed to help PARASHOOT provide a housing support service, act in accordance with government and local council regulations as well as for the prevention and detection of fraud. Personal data will be retained only for as long as is necessary to fulfil the purpose above.

PARASHOOT may disclose your data in the course of legitimate business but only in accordance with our registration under the Data Protection Act 1998. The act can be viewed on <http://www.ico.gov.uk> which is the website of the information commissioner. Raven Housing Trust Ltd and Prospect Housing and Support Services are the 'Data Controllers' for this data. You have the right to ask PARASHOOT for a copy of your data and for a description of how it is being used and to whom it is disclosed. Please contact customer services for details on 01737 272400.

Raven Housing Trust Limited is registered under the Data Protection Act 1998, registration number Z9726292.

Prospect Housing and Support Services is registered under the Data Protection Act 1998, registration number Z5067008.