**THE MONEY HOUSE ‘INDEPENDENT LIVING’ REFERRAL FORM – 1 DAY**

**PLEASE COMPLETE ALL SECTIONS (highlighted yellow)**

**Please send your completed signed form to:***themoneyhouse@hyde-housing.co.uk*

**REFERRAL MADE BY:**

|  |  |
| --- | --- |
| Name  |  |
| Job Title/Dept |  |
| Email |  |
| Contact Number |  |
| Relationship of staff member to young person (e.g. housing officer) |  |

**RESIDENT DETAILS:**

|  |  |
| --- | --- |
| Resident Full Name |  |
| Resident Age |  | **DOB** |  |
| Gender (M/F) ***delete as applicable*** | **MALE / FEMALE** |
| Resident contact telephone number(s) |  |
| Resident Email address |  |
| Resident Address |  |
| Please confirm resident is a social housing tenant **If YES provide name of Landlord and which Borough they live in:** | **YES**  | [ ]  | **Landlord:****Borough:** |
| **NO** | [ ]  |
| **Reason for referral** (if known, i.e. rent arrears, debts, problems with benefits, budgeting issues, etc) |  |
| Details of any other referrals, e.g. debt advice, etc |  |
| **Education /Employment/ Training status, please indicate:** | In full-time education/ training | [ ]  |
| In part-time education/ training | [ ]  |
| In full-time employment | [ ]  |
| In part-time employment | [ ]  |
| Unemployed | [ ]  |
| **Availability** (tick which days resident *is available* to attend training) | Mon [ ]  | Tue [ ]  | Wed [ ]  | Thu [ ]  | Fri [ ]  |
| Please indicate if childcare provision is needed (include number of children) | Yes  | [ ]   | **How many children:** |
| No | [ ]  |  |

**further information**

In order to help us deliver an excellent standard of training that meets residents’ individual needs please inform us of any special requirements:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Please provide details:** |
| **Disability/Learning difficulties** (please provide more details as necessary, e.g. dyslexia, ADHD, autism, asperger’s, etc) | Physical disability | **[ ]**  |  |
| Literacy | **[ ]**  |  |
| Numeracy | **[ ]**  |  |
| Other (please state) |  |

|  |  |  |
| --- | --- | --- |
| **Medical history** (complete only if relevant) | Allergies (if yes please indicate below) | **[ ]**  |
| Allergy details: |
| Other (please include any mental health/illness information):  |

|  |
| --- |
| **Any additional information that may affect your resident’s experience of The Money House should be noted below** (e.g. ESOL, dietary, safeguarding, etc): |
|  |

**YOUNG PERSON PERMISSION TO DISCLOSE INFORMATION TO A THIRD PARTY**

**Data Protection Act 1998**

In order to help you we need to maintain a record of your case, which may contain sensitive personal data. The law says we must get your consent to do this and everything you tell us will be treated confidentially. Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or conviction. For the purpose of the act the Data Controller is Hyde Housing Association Limited.

I give my consent to be contacted by The Money House via the following communication methods (please indicate):

|  |  |  |  |
| --- | --- | --- | --- |
| Email | [ ]  | Telephone/ Text/ BB | [ ]  |

Please indicate if you would be interested in being contacted by The Money House for media opportunities, taking part in user panels and events.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

I understand that this arrangement may be cancelled at any time.

**Signed:** ………………………………………… **Print Name:**…………………………………

**Date:** ………………………………………………