



AVALON

Expanding Horizons

REFERRALS APPLICATION FORM

***INFORMATION GIVEN WILL BE TREATED AS STRICTLY
CONFIDENTIAL.***

*All fields marked with a * are mandatory and must be completed*

*If you need help to complete this form or you require a copy in an
alternative format eg Braille, large print or other language, please
contact the Main Office
{Details on the back of this form}*

Office Use Only
Date Received:

1. Personal Details
Full Name:*
Current Address:*
Postcode:*
When did you move to this address (month and year):*
Telephone Number:
Date of Birth:*
National Insurance Number:*
Male / Female* (please delete as appropriate) Place of Birth:*

Religion:	Practicing/Non Practicing
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Next of Kin:*	Relationship:
Address:*	
Telephone Number:*	

Care Manager:*	E mail:
Address:*	
Telephone Number:*	

2. Do you/your service user have a disability? (you may tick more than one box)			
Mobility	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Autistic Spectrum Condition	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Progressive Disability / Chronic Illness (e.g. MS, Cancer)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

3. Who Recommended you to Avalon Enterprise UK Ltd			
Nominated by Local Authority	<input type="checkbox"/>	Housing Dept	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Probation Services	<input type="checkbox"/>
Prison/Young Offenders Institute	<input type="checkbox"/>	Health Service/G.P.	<input type="checkbox"/>
Voluntary Agency	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>
Internal Transfer	<input type="checkbox"/>	Self Referral	<input type="checkbox"/>
Friend/Family	<input type="checkbox"/>	Other (Please Specify below)	<input type="checkbox"/>

4. Support hours and times

Estimated number support hours needed per week*

Sleeper nights needed, if so how many per week?

Please use the following table to indicate when you / your client would like the support to take place, please mark the times by shading the boxes below.

	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800	1800-1900	1900-2000	2000-2100	2100-2200	2200-2300	2300-0000	0000-0100	0100-0200	0200-0300	0300-0400	0400-0500	0500-0600	0600-0700	0700-0800
Mon																								
Tue																								
Wed																								
Thu																								
Fri																								
Sat																								
Sun																								

Please use the space below to outline any specific issues which we may encounter around the delivery of the support

5. Current Situation (you may tick more than one box)		
I need support from Avalon Enterprise because:	This is my main support need (please tick One box only)	I also need support because of the following (tick as many boxes as apply to you)
I am homeless		
I have a drinking problem		
I have a problem with drugs		
I have a gambling problem		
I have a mental health problem, or I have been treated for a mental health problem.		
I have a learning difficulty		
I am under 18		
I am a young person (under 18) leaving care		
I am over 65 and need support		
I have mobility problems		
I have a serious physical illness		
I have AIDS or I am HIV positive		
I have just left prison		
I am a refugee or asylum seeker		
I am a lone parent		
I am a lone women expecting a baby		
I am a young person (under 18) escaping violence		
I am a women escaping violence		
I am a man escaping violence		
I have difficulty making friends and I am feeling isolated		
None of the above describes my particular support needs. I need support because:		
I don't think I have any support needs If you are interviewed we will discuss this section in more detail.		

6. Where are you living now?			
Residential Care Home		Self contained supported housing	
Children's home or foster care		Hospital	
Living with family or friends		Hostel / shared house	
Housing association tenant		Homeless/ no fixed abode	
Local authority tenant		Prison	
Private tenant		Approved probation/bail hostel	
Other temporary accommodation		Other	
Do you need to move by a certain date? Yes / No Moving Date:			

7. Your Support Needs please tick which of the following you need:	
Accommodation with support	
Support in my own accommodation	
Support to find accommodation	
Support in the community	
Respite or short term support	

More Information About Your Support Needs*

8. Be healthy:

Do you/your service user need support for the following?	Yes	No
Registering with the Doctor/dentist/Optician		
Attending medical appointments		
Managing your medication		
Maintaining a healthy diet		
Cooking		
Losing weight		
Managing substance misuse		
Dealing with Epilepsy		
Dealing with Diabetes		
Managing other medical conditions (please specify)		
Improving overall fitness		
Mobility and walking		
Bathing and dressing		
Other (please specify)		

Please use the following space to outline your / your service users health support needs: continue on a separate sheet if needed:

9. Stay Safe:*

Do you/your service user need support for the following?	Yes	No
Minimizing the risk of harm from others		
Minimizing the risk of harm to others		
Engaging in safe activities in the community		
Safely using equipment in your home		
Managing anger and / or aggression		
Travelling safely in the community		
Other (please specify)		

Please use the following space to outline your / your service user's safety support needs. continue on a separate sheet if needed:

10. Enjoy and Achieve:*

Do you/your service user need support for the following?	Yes	No
Developing relationships		
Accessing college or training		
Accessing work or work like activities		
Joining local clubs or groups		
Engaging in recreational activities		
Familiarizing your self with the local community		
Travelling by bus, train or taxi		
Accessing advice and support		
Shopping		
Other (please specify)		

Please use the following space to outline your / your service users enjoy and achieve support needs: continue on a separate sheet if needed:

11. Make a Positive Contribution:*

Do you / your service user need support for the following?	Yes	No
Communicating your wishes to others		
Speech and language		
Reading and writing		
Managing letters and correspondence		
Understanding signs and instructions		
Filling in forms		
Dressing		
Contacting your Care Manager and other professionals		
Advocacy		
Arranging reviews		
Other (please specify)		

Please use the following space to outline your / your service users make a positive contribution support needs: continue on a separate sheet if needed:

12. Achieve Economic Wellbeing:*

Do you / your service user need support for the following?	Yes	No
Claiming or reviewing benefits		
Setting up a bank account		
Managing monies		
Setting up and living within a budget		
Paying bills		
Managing debt		
Other (please specify)		

Please use the following space to outline your / your service users make a positive achieve economic wellbeing support needs: continue on a separate sheet if needed:

13. Additional Information

Please use this space to give us any information which you think may be useful to us to assess your application for support, you may also use it to record significant transitions or life events which you want us to know. Please also attach any existing reports, support plans, core assessments and other information relating to you / your service users needs.

14. Economic Status (For those Service Users needing support around finances)

Paid employment <i>Specify hours</i>		Long term sick or disabled
Government training		Disability Living Allowance (mobility) (amount £.....per week)
Retirement pension		Disability Living Allowance (care) (amount £.....per week)
Not seeking work		Incapacity Benefit (amount £.....per week)
Full time student		
Registered unemployed/ job seeker allowance		Other
What is your income? £.....per week /fortnightly / month* * please circle		

15. Additional Information *cont*

Please give details of someone we can contact for further information about your application e.g. GP, Psychiatrist, Social Worker, Probation Officer, or other professional who is familiar with your support needs. *Please tick the name of the person who you wish to nominate as the main contact for future correspondence regarding your application.*

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Status:	Status:

16. Consent Form*

I hereby give permission for relevant information to be given to Avalon Enterprise (UK) Ltd in respect of my application for accommodation and / or support.

Signed:	Date:
Name and Status of third party <i>(if signing on applicant's behalf)</i>	
Name:	Status:
<i>All information received will be treated in accordance with Avalon Enterprises Confidentiality Policy.</i>	

Declaration

To the best of my knowledge, the answers I have given on this form are true and accurate. I understand that Avalon Enterprise reserves the right to discontinue support and if needed re-possess any accommodation obtained by deliberately providing false, or withholding essential information.

Signed:	Date:
Name and Status of third party <i>(if signing on applicant's behalf)</i>	
Name:	Status:

Please return this form to our head office at:

**Avalon Enterprise (UK) Ltd
97 South Eastern Road
Ramsgate
Kent
CT11 9QE**

Statistical Information

This information will be kept separate from your application and will be used, without names, for statistical purposes to help us to maintain a fair policy and equality of opportunity.

What is your ethnic origin?

Asian (Indian)		Oriental (Chinese)		Latin American	
Asian (Bangladeshi)		Oriental (SE Asian)		Middle East	
Asian (Pakistani)		European (British)		Combination	
Caribbean		European (Non-British)		Other	
African		European (Irish)			
Do you use a wheelchair?	YES / NO				
Are you registered disabled?	YES / NO				

Office use only

Is this application successful	Yes	No
If unsuitable has an alternative service been recommended	Yes	No
Details of alternative services recommended by Avalon Enterprise:		
Signed: Position:	Date:	



DIRECTORS

FENELLA COOK

STEPHEN DOLMAN

GROUP MANAGER

SIMON COOK

Company Administrator **Lorraine Nicholson**

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