**Shelter Merseyside DIY Skills Referral Form**

Shelter, Holy Trinity Church, Richmond Park,

Liverpool, Merseyside, L6 5AD

Email: MerseysideASG@shelter.org.uk

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | | | | | |
| **Title:** | | **Surname:** | | | | | | **Forename(s):** | | |
| **Address inc postcode:** | | | | | | | | | | |
| **Local Authority:** | | | | | | | | | | |
| **Date of Birth:** | | | | **Gender:** | | | | | **National Insurance No:** | |
| **Contact Telephone number:**  **Email address:** | | | | | | | | | **Preferred time to contact:** | |
| **Accommodation:** | | | | | | | | | | |
| Is the client a: | Social Tenant | | Private Tenant | | Homeowner | | Other, please state: | | | |
| Name of Landlord (if known): | | | | | | | | | | Number of people living in the household: |
| **Additional Information** | | | | | | | | | | |
| **Ethnicity:** | | | | | | **Disability (inc details):** | | | | |
|  | | | | | | | | | | |
| **Reason for Referral** | | | | | | | | | | |
| **Please explain what work needs to be undertaken by the DIYSA.**  **For external referrals please also confirm funding has been confirmed.** | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of household members: | | | | | | | | | | | |
|  | Name | Date of Birth | | Gender (M/F) | | | Support Needs **Yes** (please state) | | | | Support Needs **No** |
| 1 |  |  | |  | | |  | | | |  |
| 2 |  |  | |  | | |  | | | |  |
| 3 |  |  | |  | | |  | | | |  |
| 4 |  |  | |  | | |  | | | |  |
| 5 |  |  | |  | | |  | | | |  |
| 6 |  |  | |  | | |  | | | |  |
|  | | | | | | | | | | | |
| **Risk & Accessibility** | | | | | | | | | | | |
| *Are you aware of any of the following risk issues that need to be taken into consideration when completing visits and undertaking work? Risk issues may relate to this family and/or other people who visit the home.*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Risk** | **Yes** | **No** | **Risk** | **Yes** | **No** | | Violence |  |  | Drug/alcohol misuse |  |  | | Arson |  |  | Physical health |  |  | | Offences against children |  |  | Mental health |  |  | | Offences which were racially motivated |  |  | Sex worker |  |  | | Drug offences |  |  | Anger management |  |  | | Sex offences |  |  | Animals |  |  |   **If yes, please provide further details:** | | | | | | | | | | | |
| **Referrer Details** | | | | | | | | | | | |
| **Self-referral** | | | | | **Organisation (complete details below)** | | | | | | |
| **Referrer Name:** | | **Job Title:** | | | | | | **Relationship to client:** | | | |
| **Organisation Name:** | | **Address (include postcode):** | | | | | | | | | |
| **Telephone Number:** | | | | | | **Email Address:** | | | | | |
| **Consent** | | | | | | | | | | | |
| Has the client consented to this referral?  *Please note, where possible, consent must be given for us to proceed* | | | | |  | | | | |  | |
| **Client Signature:** | | | **Print Name:** | | | | | | **Date:** | | |

**Please return the completed form to:**

**Post: Shelter, Holy Trinity Church, Richmond Park, Liverpool, Merseyside, L6 5AD**

**Fax:** 0344 515 2912 **Email:** [MerseysideASG@shelter.org.uk](mailto:MerseysideASG@shelter.org.uk)