



Home Matters Supporting People Limited
Assessment/Referral Form (Dudley Service)

WHAT IS HOUSING RELATED SUPPORT?

This is support that is provided to people to prevent them from becoming homeless or having to be admitted into hospital or residential care when it can possibly be avoided. A support worker works with the person to develop a range of skills that will give them the confidence and independence to live successfully in the community. The support can include help to learn how to maximise their income, budget for bills, cook healthy meals and access other services such as doctors, dentists and social activities. The support offered to each person is unique to them and their particular needs. The support encourages people to learn skills to help themselves and give them greater independence. The support does not cover areas such as personal care (washing, bathing) but it is possible, in some cases, for individuals to receive both housing related support and statutory funded care/support.

Please tick

I AM APPLYING FOR FLOATING SUPPORT **PLEASE COMPLETE SECTIONS 1 – 4**

I AM APPLYING FOR ACCOMMODATION AND FLOATING SUPPORT **PLEASE COMPLETE SECTIONS 1 – 5**

SECTION 1: GENERAL

REFERRER /AGENT

NAME ROLE

ADDRESS

CONTACT NUMBER EMAIL

SERVICE USER

FORENAME/S SURNAME DATE OF BIRTH

GENDER MALE FEMALE CONTACT NUMBER NATIONAL INSURANCE NUMBER

WHAT IS THE PRIMARY CLIENT GROUP OF THE SERVICE USER?

DOES THE PERSON HAVE ANY PETS? HOUSING STATUS

ADDRESS HOW LONG HAS THE PERSON LIVED AT THIS ADDRESS?

LANDLORD DETAILS (if applicable) LANDLORD CONTACT NO.
 REASON FOR LEAVING

If at this address less than 3 years, please add previous address or addresses below (to cover a three year period).

ADDRESS 2 HOW LONG HAS THE PERSON LIVED AT THIS ADDRESS?

LANDLORD DETAILS (if Applicable) LANDLORD CONTACT NO.
 REASON FOR LEAVING

ADDRESS 3 <input style="width:90%;" type="text"/>	HOW LONG HAS THE PERSON LIVED AT THIS ADDRESS? <input style="width:90%;" type="text"/>		
LANDLORD DETAILS (if Applicable) <input style="width:95%; height:40px;" type="text"/>	LANDLORD CONTACT NO. <input style="width:90%;" type="text"/>		
	REASON FOR LEAVING <input style="width:90%;" type="text"/>		
CLIENT CONTACTS			
CONTACT TYPE NAME ADDRESS CONTACT NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HAS THERE BEEN ANY PREVIOUS INVOLVEMENT WITH SOCIAL SERVICES OR ANY OTHER PROFESSIONAL BODIES? <input type="radio"/> YES <input type="radio"/> NO			
IF YES PLEASE GIVE DETAILS	<input style="width:95%; height:40px;" type="text"/>		
ARE THERE ANY OTHER PROFESSIONAL AGENTS CURRENTLY PROVIDING SUPPORT? <input type="radio"/> YES <input type="radio"/> NO			
IF YES PLEASE GIVE DETAILS	<input style="width:95%; height:40px;" type="text"/>		
FOR PEOPLE LEAVING CARE, IS THE PERSON ON A FULL CARE ORDER <input type="radio"/> YES <input type="radio"/> NO			
IF YES, PLEASE SUPPLY NAME & CONTACT DETAILS OF SOCIAL WORKER	<input style="width:95%; height:40px;" type="text"/>		
PLEASE GIVE A BRIEF DESCRIPTION OF CURRENT NEEDS, ASSESSMENT & BACKGROUND INFORMATION			
DETAILS	<input style="width:95%; height:95%;" type="text"/>		
DOES THE PERSON HAVE ANY TREATMENT ORDERS? <input type="radio"/> YES <input type="radio"/> NO			
IF YES, PLEASE GIVE DETAILS	<input style="width:95%; height:40px;" type="text"/>		
DOES THE PERSON HAVE ANY PHYSICAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO			
IF YES, PLEASE GIVE DETAILS	<input style="width:95%; height:40px;" type="text"/>		
IS THE PERSON REGISTERED DISABLED? <input type="radio"/> YES <input type="radio"/> NO			

WHEN COMPLETING THE FOLLOWING SECTION

PLEASE ONLY HIGHLIGHT **CURRENT** NEEDS
PLEASE ONLY INDICATE NEEDS THAT YOU WISH OUR SERVICE PROVIDERS TO ADDRESS
(OTHER SUPPORT PROVIDED MAY BE INCLUDED IN THE BACKGROUND INFORMATION ABOVE)

SECTION 3: SUPPORT NEEDS

ECONOMIC WELLBEING

DOES THE SERVICE USER NEED SUPPORT TO SUSTAIN THEIR HOME? YES NO

IF YES, PLEASE SELECT ONE OF THESE MAINTAINING TENANCY/LICENCE STATEMENTS	I need occasional advice and assistance to keep to the terms of my tenancy/licence, including the requirement to Pay my rent, service charges, mortgage, and to maintain my accommodation in a reasonable condition.	<input type="checkbox"/>
	I need someone to act as advocate or broker with the landlord, housing association, mortgage company or property agent in relation to the term of my tenancy/licence/accommodation.	<input type="checkbox"/>
	I need help to explain all the implications of, and my responsibilities as stated in my tenancy/licence and to support you to fulfil these responsibilities.	<input type="checkbox"/>
	I need support to act on my behalf in relation to all matters in connection with my accommodation (Licence)	<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO MAXIMISE THEIR INCOME, INCLUDING RECEIPT OF THE CORRECT WELFARE BENEFITS? YES NO

DOES THE SERVICE USER NEED HELP MANAGING ANY CURRENT DEBT? YES NO

DOES THE SERVICE USER NEED HELP TO BUDGET MONEY EFFECTIVELY? YES NO

IF YES, PLEASE SELECT ONE OF THESE FINANCE ISSUES STATEMENTS	I need minimal advice/support to manage budgeting and weekly finances	<input type="checkbox"/>
	I need active intervention directly with external agencies in order to manage my monies, resolve Financial difficulties and claim appropriate benefits.	<input type="checkbox"/>
	I need advice and support in managing my money. E.g. money being held and released by staff on an occasional or short-term basis .	<input type="checkbox"/>
	I need regular support in managing my money. E.g. money being held and released by staff on a regular and Long-term basis	<input type="checkbox"/>

DOES THE SERVICE USER NEED HELP TO DEAL WITH(FINANCE/HOUSEHOLD) CORRESPONDENCE EFFECTIVELY? YES NO

IF YES, PLEASE SELECT ONE OF THESE COMMUNICATION STATEMENTS	I need a little help occasionally with communicating with some external agencies such as with letters and forms	<input type="checkbox"/>
	I need help and support dealing with most external agencies such as with letters, meetings and forms	<input type="checkbox"/>
	I need support to take responsibility for communicating directly with most agencies occasionally or in the short term	<input type="checkbox"/>
	I need staff or advocate or take responsibility for communicating directly with most external agencies Regularly and in the long term	<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO OBTAIN PAID WORK? YES NO

IF YES, PLEASE SELECT ONE OF THESE EMPLOYMENT & WORK LIKE ACTIVITIES STATEMENTS	I need minimal advice/guidance/signposting in relation to employment, training opportunities	<input type="checkbox"/>
	I require support to liaise on my behalf with employers, training providers on an occasional short term basis	<input type="checkbox"/>
	I need support to liaise on my behalf with employers, training providers on a long term basis.	<input type="checkbox"/>

ENJOY & ACHIEVE

DOES THE SERVICE USER NEED SUPPORT TO PARTICIPATE IN TRAINING AND/OR EDUCATION? YES NO

IF YES, PLEASE SELECT ONE OF THESE WORK, LEARNING & KEEPING BUSY STATEMENTS	I would like the opportunity to work, learn, or keep busy and enjoy life. I need support to do these more	<input type="checkbox"/>
	I would like the opportunity to work , learn, or to keep busy and enjoy life. I need support to identify how I might use my time and need support and encouragement to enable me to become involved in the community.	<input type="checkbox"/>
	I would like to go to work or college but am not able to so without having a lot of support.	<input type="checkbox"/>

DOES THE SERVICE USER NEED SUPPORT TO PARTICIPATE IN LEISURE/CULTURE/FAITH AND/OR INFORMAL LEARNING ACTIVITIES? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE DEVELOPING & MAINTAINING POSITIVE RELATIONSHIPS STATEMENTS	I have a number of relationships but I need a little support to keep them. <input type="checkbox"/>
	I have very few relationships maybe only one or two – but not enough for me. I need support to make Relationships – and keep them. <input type="checkbox"/>
	Sometimes I have behaviours that may affect other people. I need some help to ensure that I do not upset Or annoy the people I live with or those in the neighbourhood. <input type="checkbox"/>
BE HEALTHY	
DOES THE SERVICE USER NEED HELP IN ACCESSING PRIMARY HEALTH CARE SERVICES? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE HEALTH NEEDS STATEMENTS	I am able to manage my health needs without support? <input type="checkbox"/>
	I need my medication needs actively monitored in the short-term. <input type="checkbox"/>
	I need prompting/reminders to take my medication, and support staff to advocate on my behalf to healthcare professionals about issues to do with medication, such as ordering & collecting. <input type="checkbox"/>
DOES THE SERVICE USER NEED HELP TO MANAGE THEIR MEDICATION? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE MEDICATION STATEMENTS	I need general advice and information about managing my medication. <input type="checkbox"/>
	I need my medication needs actively monitored in the short-term. <input type="checkbox"/>
	I need prompting/reminders to take my medication, and support staff to advocate on my behalf to Healthcare professionals about issues to do with medication, such as ordering and collecting. <input type="checkbox"/>
DOES THE SERVICE USER NEED HELP TO MANAGE THEIR PERSONAL HYGIENE? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE PERSONAL HYGIENE STATEMENTS	I require regular prompting or reminding about the need to look after my personal hygiene <input type="checkbox"/>
	I need active encouragement to look after my personal hygiene e.g. planning and keeping to a routine of bathing, oral hygiene etc, on an occasional or short-term basis. <input type="checkbox"/>
	I need active encouragement to look after my personal hygiene e.g. planning and keeping to a routine of bathing, oral hygiene etc, on an regular or long-term basis. <input type="checkbox"/>
	I am not able to wash myself or go to the toilet without total assistance or need frequent assistance with these aspects of my personal care. <input type="checkbox"/>
DOES THE SERVICE USER NEED ASSISTANCE IN FOLLOWING A HEALTHY DIET? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE MEALS & NUTRITION STATEMENTS	I need help with preparing snack meals (e.g. heating microwave meals) but I don't need help to eat or drink. <input type="checkbox"/>
	I am able to prepare meals but need advice on healthy eating & managing on a limited budget, as well as some guidance on food preparation skills <input type="checkbox"/>
	I am able to prepare meals but need active assistance with buying and preparing food occasionally or on a short-term basis <input type="checkbox"/>
	I need all of my meals provided for me or prepared for me by someone else on a long-term basis, but I don't Need help to eat or drink. <input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO BETTER MANAGE THEIR MENTAL HEALTH? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE EMOTIONAL WELLBEING STATEMENTS	I require occasional information and advice in relation to emotional or mental health issues and the support to help me manage it effectively <input type="checkbox"/>
	I need regularly monitoring advice in terms of my emotional wellbeing or mental health and where necessary require support to contact the statutory services in connection with this. <input type="checkbox"/>
	I need advocacy support in relation to my use of mental health services on an occasional or short term or long term basis <input type="checkbox"/>
	I need specific counselling and support of therapy from skilled staff in relation to my emotional well being and mental health. <input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO UTILISE ASSISTIVE TECHNOLOGY / AIDS & ADAPTATIONS <input type="radio"/> YES <input type="radio"/> NO	
IF YES PLEASE GIVE DETAILS	

DOES THE SERVICE USER NEED SUPPORT TO BETTER MANAGE THEIR SUBSTANCE MISUSE ISSUES BETTER? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE SUBSTANCE MISUSE STATEMENTS	I need occasional information and advice in relation to substance use and the services available to help manage it effectively. <input type="checkbox"/>
	I need regular monitoring in terms of my substance use and where necessary may require support to contact The statutory services in connection with this. <input type="checkbox"/>
	I need advocacy/support in relation to my substance misuse on an occasional or short-term basis. <input type="checkbox"/>
	I need advocacy/support in relation to my substance misuse on a regular or long-term basis. <input type="checkbox"/>
STAY SAFE	
DOES THE SERVICE USER NEED SUPPORT TO COMPLETE HOUSEHOLD TASKS? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE USE OF HOUSEHOLD APPLIANCES STATEMENTS	I need assistance to arrange the purchase, supply, repair or maintenance of household equipment, or with communication with the provider of utilities and/or to ensure the safe use of the equipment. <input type="checkbox"/>
	I need supervision to ensure the safe use of services or equipment within my home on an occasional or short-term basis. <input type="checkbox"/>
	I need supervision to ensure the safe use of services or equipment within my home on a regular or long-term basis. <input type="checkbox"/>
	I need close supervision and frequent intervention when using equipment within my home on a regular and long-term basis. <input type="checkbox"/>
IS THE SERVICE USER ABLE TO CLEAN THEIR HOME TO A HYGIENIC AND SAFE STANDARD? <input type="radio"/> YES <input type="radio"/> NO	
IF NO, PLEASE SELECT ONE OF THESE HOME ENVIRONMENT STATEMENTS	I need regular prompting in order to maintain my home in a clean and safe condition and in a good state of repair. <input type="checkbox"/>
	I need direct assistance with maintaining or cleaning of my home on an occasional or short-term basis. <input type="checkbox"/>
	I need direct assistance with maintaining or cleaning my home on a regular or long-term basis. <input type="checkbox"/>
	I need most cleaning and other household tasks done for me because I'm not able or willing to do it for myself . <input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO SECURE/OBTAIN SETTLED ACCOMMODATION? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE ALTERNATIVE HOUSING STATEMENTS	I will be able to move to more independent housing, or an alternative provision that will involve similar levels of support in the foreseeable future, with minimal advice and information. <input type="checkbox"/>
	I will be able to move to more independent housing in the foreseeable future if appropriate advice and practical help is provided. <input type="checkbox"/>
	I am working towards being able to move to more independent housing but need significant amount of support and practical help and advice to work towards this aim. <input type="checkbox"/>
	I am unlikely to be in a position to consider alternative housing except another one in which higher levels of support are provided. <input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO COMPLY WITH ANY STATUTORY ORDERS? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE OFFENDING BEHAVIOUR STATEMENTS	I need occasional information and advice in relation to offending behaviour and the possible consequences. <input type="checkbox"/>
	I need regularly monitoring in terms of my offending behaviour and where necessary may need support to Contact the statutory services in relation to this. <input type="checkbox"/>
	I need support to advocate in relation to my interaction with the criminal justice system on an occasional or short-term basis. <input type="checkbox"/>
	I require long-term support to organise or participate in formal programmes or therapies to assist me to address or overcome my offending behaviour. <input type="checkbox"/>
DOES THE SERVICE USER NEED SUPPORT TO MINIMISE HARM/RISK OF HARM TO SELF OR OTHERS? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE COMPLEX NEEDS & RISKS STATEMENTS	Some things I do could create problems or embarrassment for me or other people; but there's no real danger To me or anyone else. I sometimes need support to help me with this. <input type="checkbox"/>
	Some things I do could create a risk for my safety or the safety of other people. I sometimes need support to help me with this. <input type="checkbox"/>
	I often do things that could hurt me or other people. I need support most days to help me with this. <input type="checkbox"/>
	I often do things that could hurt me or other people. I need a lot of support several times every day to help me with this. <input type="checkbox"/>

IS THE SERVICE USER ABLE TO SAY NO TO STRANGERS/UNWANTED VISITORS? <input type="radio"/> YES <input type="radio"/> NO	
IF NO, PLEASE SELECT ONE OF THESE STAYING SAFE FROM HARM STATEMENTS	There are one or two things I have to take care when doing, but I have found ways to manage them safely. <input type="checkbox"/>
	I need help to manage some regular activities safely; I am quite safe at other times. <input type="checkbox"/>
	I need help quite often to stay safe; I am at risk of having accidents doing some daily activities, or I am vulnerable to other people harming me and need people to check that I am okay. <input type="checkbox"/>
	I need support to stay safe most of the time. I am very vulnerable and could have accidents and injuries or I am very vulnerable to other people harming me, when I am on my own. <input type="checkbox"/>
IS THE SERVICE USER ABLE TO DEAL WITH PEOPLE WHO ABUSE THEIR HOSPITALITY & ENSURE THEIR HOME IS SAFE & SECURE? <input type="radio"/> YES <input type="radio"/> NO	
IF NO, PLEASE SELECT ONE OF THESE STAYING SAFE FROM HARM STATEMENTS	There are one or two things I have to take care when doing, but I have found ways to manage them safely. <input type="checkbox"/>
	I need help to manage some regular activities safely; I am quite safe at other times. <input type="checkbox"/>
	I need help quite often to stay safe; I am at risk of having accidents doing some daily activities, or I am vulnerable to other people harming me and need people to check that I am okay. <input type="checkbox"/>
	I need support to stay safe most of the time. I am very vulnerable and could have accidents and injuries or I am very vulnerable to other people harming me, when I am on my own. <input type="checkbox"/>
POSITIVE CONTRIBUTION	
DOES THE SERVICE USER NEED SUPPORT IN DEVELOPING CONFIDENCE AND ABILITY TO HAVE GREATER CHOICE AND/OR CONTROL? <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE SELECT ONE OF THESE MAKING IMPORTANT DECISIONS ABOUT LIFE STATEMENTS	I make all the decisions. I just need a bit of advice or support to make them <input type="checkbox"/>
	I decide most day-to-day things. But I need support with important decisions about my life. <input type="checkbox"/>
	I have fluctuating capacity to make decisions and my ability to make decisions will depend on this. <input type="checkbox"/>
	Other people make most decisions about my life. I need support to make more decisions. <input type="checkbox"/>
AND ONE OF THESE SOCIAL INCLUSION AND TRANSPORT STATEMENTS	I need minimal advice and guidance on how to use and access available transport. <input type="checkbox"/>
	I need accompanying occasionally to provide appropriate levels of reassurance when attending certain appointments or initially to access community facilities and activities. <input type="checkbox"/>
	I need transport arranged or provided for me and/or help in using the transport in order to access community facilities on an occasional or short-term basis. <input type="checkbox"/>
	I require transport arranged or provided for me and/or help in using it in order to access community facilities on a regular or long-term basis. <input type="checkbox"/>
SECTION 4: OTHER NEEDS	
PLEASE TICK IF REQUIRED.....	
PERSONAL CARE <input type="checkbox"/>	REGULAR MAINTENANCE SERVICES <input type="checkbox"/>
DOMICILLIARY & HOME CARE <input type="checkbox"/>	TRAINING COURSES <input type="checkbox"/>
HEALTH CARE <input type="checkbox"/>	CRECHE FACILITIES <input type="checkbox"/>
THERAPEUTIC/INTENSIVE BEHAVIOUR MANAGEMENT <input type="checkbox"/>	ROUGH SLEEPERS SERVICES <input type="checkbox"/>
REHABILITATION AFTER ILLNESS/ACQUIRED DISABILITY <input type="checkbox"/>	ACTUAL HANDYMAN SERVICES <input type="checkbox"/>
REHABILITATION & SPECIALIST COUNSELLING <input type="checkbox"/>	DECORATING SERVICES <input type="checkbox"/>
HELP WITH TRANSPORT/MOBILITY <input type="checkbox"/>	GARDENING SCHEMES <input type="checkbox"/>
HOME ADAPTATIONS TO IMPROVE ACCESSIBILITY <input type="checkbox"/>	SPECIALIST TREATMENT OR COUNSELLING <input type="checkbox"/>

SECTION 5: PLEASE ONLY COMPLETE IF APPLYING FOR AN ACCOMMODATION PLACEMENT WITHIN HOME MATTERS GROUP HOMES

IS THE SERVICE USER FLEXIBLE IN WHERE THEY LIVE? YES NO

IF NO, PLEASE SELECT WHICH AREA(S) THE SERVICE USER WOULD LIKE TO LIVE.	Stourbridge (Amblecote) (1 x 5 Bed group home)	<input type="checkbox"/>
	Sedgley (1 x 4 Bed group home)	<input type="checkbox"/>
	Netherton (1 x 3 Bed group home & 1 x 4 Bed group home)	<input type="checkbox"/>
	Quarry Bank, Brierley Hill (1 x 6 Bed group home)	<input type="checkbox"/>

Does the service user have the ability to share with others? YES NO

FUNDING AN ACCOMMODATION PLACEMENT

Is the service user currently claiming and in receipt of housing benefit? YES NO

If yes, is the service user in receipt of the **Middle** or **High Rate** of Disability Living Allowance **Care** Component? YES NO

*Due to the way Home Matters is currently funded the amount of HB paid is affected by the level of DLA entitlement.

If no can the service user self fund a placement; either through private funds/benefits/direct payment/personal budget? YES NO

If yes please state how the placement will be funded

Is the service user subject to Section 117 Aftercare? YES NO

If so would the placement be funded under Section 117 Aftercare funding? YES NO

PLEASE ADD FINAL COMMENT / INFORMATION/ SUMMARY

Data Protection & Confidentiality

Home Matters will treat any personal information received with the utmost respect and, where appropriate, in accordance with data protection legislation, including the Data Protection Act 1998. The information provided will only be used for the purpose of the provision of providing support and accommodation services. We may share this information with any related professionals, if we believe it is in the interests of the service user. Information will not be shared with others, unless the service user agrees.

Under the Data Protection Act 1998, the service user is entitled to a copy of personal data held by us, upon written request. Home Matters are registered with the Information Commissioner as a Data Controller.

Equality Monitoring

To help us monitor the accessibility of our services, we ask you to complete the attached Equalities Monitoring Form

I HAVE READ AND AGREE TO THE PROCEEDING STATEMENTS

I declare that, to the best of my knowledge, the information given in this form is correct and complete. I have received consent from the data subject to share and process the data given on this form.

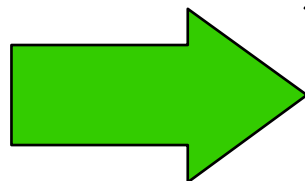
Signed..... (Referring Agent)

Print.....

Status..... Date of assessment/referral.....

Checklist	(Please Tick)	Yes	No	n/a
I have enclosed a copy of the service users latest CPA				
I have enclosed a copy of the service users latest risk assessment				
I have enclosed Home Matters completed Equality Monitoring Form				
Please list any other supporting documentation enclosed				

**PLEASE
RETURN
COMPLETED
ASSESSMENT/REFERRAL
FORM AND ANY OTHER
DOCUMENTS
REQUESTED TO.....**



HOME MATTERS
SUPPORTING PEOPLE LTD
THE BARN
82A PARK ROAD
QUARRY BANK
BRIERLEY HILL
DY5 2HP

Email: gregg@hmsp-ltd.co.uk

Tel: 01384 340441
Fax: 01384 340630

EQUALITY AND DIVERSITY MONITORING FORM

We collect this information to build up an accurate understanding of the communities that we serve so that services and policies can be delivered to meet the needs of everybody. The information that you enter on this Equality and Diversity form will be used for monitoring purposes only and will not be used in assessing and or scoring your application for recruitment or services. Please feel free to leave questions which you do not wish to answer. This information is kept confidential and accessibility is strictly limited to individuals on a 'need to know' basis.

Please tick the appropriate boxes

JOB APPLICANT TRAINING APPLICANT SUPPORTED HOUSING APPLICANT
FLOATING SUPPORT APPLICANT VOLUNTEER

Date of Birth (DD/MM/YYYY) Prefer not to say

Please describe your gender identity?

Male Female Prefer not to say

Do you live and work in a gender other than that assigned at birth?

Yes No Prefer not to say

Equality Act 2010

I would describe my ethnic origin as; *(please tick)*

Asian or Asian British

Indian
Bangladeshi
Pakistani
Chinese
Other Asian Background

Black or Black British

African
Caribbean
Other Black Background

White

English
Welsh
Scottish
Irish
Northern Irish
Gypsy or Traveller
Other White Background

Continued overleaf.....

Mixed / Multiple Ethnic Background

- White & Caribbean
- White & Black African
- White & Asian
- Other Mixed Multiple background

Other ethnic group (please state)

Undisclosed

I do not wish to disclose my ethnic origin

What is your religion or belief?

- | | | |
|---------------------------------------|----------------------------------|---|
| Atheism <input type="checkbox"/> | Islam <input type="checkbox"/> | Other (please state) <input type="text"/> |
| Buddhism <input type="checkbox"/> | Jainism <input type="checkbox"/> | I do not wish to disclose my Religion/belief <input type="checkbox"/> |
| Christianity <input type="checkbox"/> | Judaism <input type="checkbox"/> | |
| Hinduism <input type="checkbox"/> | Sikhism <input type="checkbox"/> | |

Please select the option which best describes how you think of yourself? (please tick the appropriate box(es))

- Lesbian /Gay Heterosexual Bisexual I do not wish to disclose my sexual orientation
- Married Single Civil Partnership I prefer not to say

Equality Act 2010

The Equality Act 2010 protects disabled people. This includes people with long-term health conditions.

Do you consider yourself to have a disability?

- Yes No I do not wish to disclose this information

If yes please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

- | | |
|--|---|
| Physical Impairment <input type="checkbox"/> | Learning Disability/Difficulty <input type="checkbox"/> |
| Sensory Impairment <input type="checkbox"/> | Long-standing illness <input type="checkbox"/> |
| Mental Health Condition <input type="checkbox"/> | Other <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | |

Please return completed form to: Home Matters Supporting People Limited, The Barn, 82A Park Road, Quarry Bank, Brierley Hill, West Midlands, DY5 2HP.