

Please complete this referral form, giving as full a picture as possible of the applicant. All information is held in the strictest confidence, and will be destroyed if we are unable to offer the applicant a place.

Name of Applicant:

Date of Birth: Date of Reference:

Name of Referee: Position:

Organisation:

Address:

Postcode:

Telephone:

Please provide a brief history of your client's use of drugs and/or alcohol: (Which drugs, in what quantity, how frequently & for how long?)

Details of past and current legal situation, if applicable:
(Please include forthcoming court appearances, probation or D.T.T.O)

Please provide a brief outline of social history/family background up to present time:

How has the applicant progressed in treatment so far? What has been the focus of this treatment?

Are there any specific areas of concern?

Why do you think that this person needs Supported Housing?

Is there any other information that you feel is relevant to this referral:

Signature: Date:

PLEASE FORWARD A COPY OF ANY DISCHARGE/COMPLETION REPORTS TO US A.S.A.P

 Info@ChrysalisHousing.co.uk

Information sent to this address is shared by more than one company within the group to offer the best support possible. Please only use this address if you are happy with the information being shared.

Personal Information on this form may need to be shared with other organisations within the Chrysalis Group to allow for the purpose of holding the data to be met. There will always be a good reason for sharing the data and the minimum amount will be shared securely with individuals only as necessary. For more information refer to the company privacy policy. Special category data such as medical or conviction information will only be shared for legitimate purpose and if possible, you will be informed of who it will be shared with and why.