

Gloucestershire Nightstop Agency Referral Form Revised March 2010

please retain last page for updating after 3 nights on the scheme

|                                     |                         |                                |
|-------------------------------------|-------------------------|--------------------------------|
| Name of Young Person:               |                         | Date:                          |
| Age:                                | Date of Birth:          | Gender: Male / Female (circle) |
| Contact Number for Young Person:    | Previous Area lived in: |                                |
| Has Homelessness been confirmed     | Local Connection        |                                |
| NINO:                               | Time of Referral:       |                                |
| Referral Agency and Contact Number: | Worker Name:            |                                |

1. Has the Young person been on Nightstop before? Yes / No (please circle). If known please give an approximate date:

2. Reason for Homelessness: (Please tick all that apply, we may ask for more information about this)

|                        |  |                           |  |                        |  |
|------------------------|--|---------------------------|--|------------------------|--|
| Eviction               |  | Tenancy Breakdown         |  | Pregnancy              |  |
| Family Breakdown       |  | Harassment                |  | Leaving Custody/Prison |  |
| Leaving Care           |  | Racism                    |  | Leaving Hospital       |  |
| Fleeing Violence       |  | Sexuality                 |  | Other(state)           |  |
| Relationship Breakdown |  | Waiting for Accommodation |  |                        |  |

3. Accommodation Prior to Referral: (Please indicate below)

|                    |  |                         |  |                     |  |
|--------------------|--|-------------------------|--|---------------------|--|
| Bed and Breakfast  |  | Hostel                  |  | Sleeping Rough      |  |
| Private Rented     |  | Staying with Friends    |  | In Care             |  |
| Living with Family |  | Probation/Bail Hostel   |  | Housing Association |  |
| Hospital           |  | Supported Accommodation |  | Other(state)        |  |

4. At the time of referral does the young person show any obvious signs of:

Influence of Alcohol/Drugs: **Yes / No**                      Aggressive Behaviour: **Yes / No**

If yes please provide details:

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5. Is the young person seeking a bail address or absconding from custody? **Yes / No**

6. Is there any reason to suggest that this young person should not be placed in a household with Children: **Yes / No**

7. Does the young person have any history of care? **Yes / No**

If yes please provide details:

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**8. Safety Assessment:** (Please give us as much information about the young person as possible).  
If you do not know the answer, please indicate Don't Know.

| <b>Safety Factor</b>               | <b>Currently Evident<br/>Yes / No / Don't Know</b> | <b>History of<br/>Yes/ No / Don't Know</b> |
|------------------------------------|--|--|
| Arson                              |  |  |
| Convictions/Cautions               |  |  |
| Theft                              |  |  |
| Violent Behaviour/Harm to Others   |  |  |
| Sexual Assault (self or to others) |  |  |
| Suicide Attempts                   |  |  |
| Self Harm and Self Neglect         |  |  |
| Drug/Solvent or Alcohol Issues     |  |  |
| Mental Health Issues               |  |  |
| Learning Disability                |  |  |
| Physical Disability/Health issues  |  |  |
| Allergies                          |  |  |
| Domestic Abuse                     |  |  |
| Other(state)                       |  |  |

If you have answered yes to any of the above, please provide further details:

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9. Is the young person using any prescribed medication? **Yes / No Details:**

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10. Name of Doctor/Surgery that young person registered with:

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11. Does the young person have any other requirements i.e. language, religion, diet, culture or area in Gloucestershire that they cannot be placed in?

**Please give details:**

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12. Is the young person accessing support or under the supervision of any other agencies i.e. YOS, Social Services, Floating Support etc. **Yes / No**

**If yes, please provide details:**

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13. Is the young person able to / confident in using public transport? **Yes / No**

Bus fare will be provided by Nightstop.

14. Smoker / Non Smoker (please circle).

**15. Equal Opportunities Monitoring**

| Ethnicity     |  |                     |  |                      |  |                      |  |
|---------------|--|---------------------|--|----------------------|--|----------------------|--|
| Asian British |  | Bangladeshi         |  | Black African        |  | Black Caribbean      |  |
| Black Other   |  | Chinese/Other Asian |  | Indian               |  | Mixed Racial Origin  |  |
| Pakistani     |  | White British       |  | White European       |  |                      |  |
| Other:        |  |                     |  | Prefer not to answer |  |                      |  |
| Religion      |  |                     |  |                      |  |                      |  |
| C of E        |  | Catholic            |  | Sikh                 |  | Muslim               |  |
| Rastafarian   |  | Jewish              |  | Buddhist             |  | Hindu                |  |
| Other:        |  |                     |  | None                 |  | Prefer not to answer |  |
| Sexuality     |  |                     |  |                      |  |                      |  |
| Heterosexual  |  | Bisexual            |  | Gay                  |  | Lesbian              |  |
| Unsure        |  |                     |  | Prefer not to answer |  |                      |  |

**16. Emergency Contact:** (will only be used in emergency situations, refer to guidance for more information).

Name:

Relationship to Young Person:

Contact Number:

Address:

**17. Reference Details:** (please supply the name of an individual preferably from an organisation who can provide a reference for the young person, see guidance for more details).

Name:

Agency:

Tel:

**18. Additional Information:** (Use this space to tell us any further information that you feel is relevant to this referral)

**19. Declaration:**

I declare that the information provided on this referral form is correct and true. I give my permission for information that may be relevant to my placement on Nightstop to be shared with Nightstop hosts. (We will only disclose information if we feel it is necessary to your stay on Nightstop. Nightstop hosts are required by our rules to keep this information confidential.)

Signed: (young person)

Date:

Signed: (Referring Agency)

Date:

**Please fax this form to Gloucestershire Nightstop on 01452 331330 and ring to confirm receipt.**

# **GLOUCESTERSHIRE NIGHTSTOP**

**5 & 6 Beaufort Buildings, Spa rd,  
Gloucester.  
GL1 1XB  
Tel/Fax: 01452 331330**

## **Authorisation for Request for Information**

I hereby authorise Gloucestershire Nightstop to make enquiries about me. This authority includes any medical circumstances or any information known to any department of the local authority or housing association, irrespective of the source of such information.

I give full and unreserved permission to any individual, organization or agency to forward to Gloucestershire Nightstop any information that may be requested by them.

I understand that Gloucestershire Nightstop will not ordinarily divulge any information so obtained to any third party (except Depaul UK) without my express permission. I agree to Gloucestershire Nightstop releasing some of my information for the purposes of monitoring only. I do not agree for my information to be passed on to the following agencies/authorities/individuals:

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Name:  (in capitals)

Signed:

Date:

## **NIGHTSTOP RULES**

We want you to enjoy your stay on Nightstop. This is an opportunity for you to relax in a friendly, safe environment. There are, however, some rules we will ask you to keep to ensure your own safety and that of the family you are staying with. If any of these rules are broken it could result in you losing that Nightstop place and prevent you from having any further Nightstops.

- 1. No drugs or alcohol are to be taken or consumed whilst on Nightstop.**
  
- 2. No illegal goods, substances or weapons are to be taken into hosts' homes.**
  
- 3. You are not allowed to have your friends visit you at the host's home. The location of each house you stay at must not be given out to anyone to keep these homes 'safe' houses.**
  
- 4. You may not return to a host's home at anytime after a Nightstop unless you have been placed there officially by a Nightstop worker.**
  
- 5. You must not turn up at a host's house requesting accommodation for the night unless you are referred by a Nightstop worker.**
  
- 6. You must follow each individual host's house rules, for example, on smoking and times to be in at night.**

These Six rules will help to make your stay on Nightstop a pleasant one.

I have read and understood the rules for staying on Nightstop and will not break them. I also understand the consequences should I break any of these rules.

Signed .....Name ..... Date .....

Witnessed by ..... Name .....Date.....

**Gloucestershire Nightstop Client Progress Sheet, please retain this form to complete after 3 nights on the scheme and fax through**

**Client :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Worker:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

**Applications to housing/ homeless unit/Children and Families made:**

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**Likely outcomes:**

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**Details of work around young person's income:**

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**Work outstanding with young person:**

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**Potential problems accessing housing:**

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**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_