

Lambeth Sanctuary Scheme

Referral Form

Run in conjunction with The Gaia Centre



Please send completed referrals to lambethsanctuary@refuge.org.uk

Lambeth Sanctuary Scheme is available to any individual, of any gender, who is at risk of harm and living in the London Borough of Lambeth.

Please note: To cancel and rebook an appointment notice must be given by the client to the Sanctuary security installer before 7am on the day of the appointment.

By submitting this form, you are declaring the following:

- The information you have given on this form is true.
- You understand that you must let us know in writing about any change in your circumstances which may affect your application.
- You agree to us seeking information about you from third parties and to using and sharing information about you with certain third parties.
- Your information will be stored on a computer-based case management system and as such is subject to the terms of the Data Protection Act 1998
- You agree that Lambeth Housing may check the information you have provided with other sources as allowed by the law.
- You agree that Lambeth Housing may share information with other departments within the council and selected landlord partners and their agents for the purposes of verifying your circumstances and assessing your application.

REFERRAL	
Date of referral:	Click or tap to enter a date.
Referrer's name and organisation:	Click or tap here to enter text.
Referrer's contact details:	Click or tap here to enter text.

CLIENT INFORMATION	
Name of individual:	Click or tap here to enter text.
DOB:	Click or tap to enter a date.
Address:	Click or tap here to enter text.
Postcode:	Click or tap here to enter text.
Local Authority:	Click or tap here to enter text.

Client's contact number:	Click or tap here to enter text.																				
Is this number safe to contact?	<input type="checkbox"/> No <input type="checkbox"/> Yes																				
Safe and preferred time to call? For the contractors to contact the client to arrange an appointment.	Click or tap here to enter text.																				
Interpreter required:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which language: Click or tap here to enter text.																				
Are there any children who live in the household?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the following: <table border="1" data-bbox="624 703 1388 1008"> <thead> <tr> <th>Name:</th> <th>DOB:</th> <th>Gender (M/F):</th> </tr> </thead> <tbody> <tr> <td></td> <td>Click or tap to enter a date.</td> <td></td> </tr> <tr> <td></td> <td>Click or tap to enter a date.</td> <td></td> </tr> <tr> <td></td> <td>Click or tap to enter a date.</td> <td></td> </tr> <tr> <td></td> <td>Click or tap to enter a date.</td> <td></td> </tr> <tr> <td></td> <td>Click or tap to enter a date.</td> <td></td> </tr> </tbody> </table>			Name:	DOB:	Gender (M/F):		Click or tap to enter a date.			Click or tap to enter a date.			Click or tap to enter a date.			Click or tap to enter a date.			Click or tap to enter a date.	
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	Click or tap to enter a date.																				
Does the client have any dogs in the property?	<input type="checkbox"/> No <input type="checkbox"/> Yes																				

ALLEGED PERPETRATOR DETAILS	
Name:	
Relationship to client:	
Does the perpetrator have access to weapons?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide further information: Click or tap here to enter text.
Specific threat of arson?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide further information: Click or tap here to enter text.
Other relevant information: (Consider anything that may be relevant to the safety of contractors, e.g. multiple perpetrators, has perpetrator been coming to the property, patterns of breaking in (how/when), is there a new partner living at the property, any injunctions/orders that prevent	Click or tap here to enter text.

perpetrator from coming to the property, breaches of this etc).	
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SANCTUARY WORKS REQUESTED		
Works available:	Please tick:	Any additional comments:
Lock change	<input type="checkbox"/>	
Additional locks	<input type="checkbox"/>	
Door chain	<input type="checkbox"/>	
Spy hole	<input type="checkbox"/>	
Window locks/alarms (for ground floor and first floor property only)	<input type="checkbox"/>	
Arson proof letterbox (only if there has been a recent threat of arson)	<input type="checkbox"/>	

If you are unsure whether the works you are requesting can be completed through the Sanctuary Scheme, please contact lambethsanctuary@refuge.org.uk for confirmation.

PROPERTY INFORMATION			
Date moved in:	Click or tap to enter a date.	Type of tenancy:	Click or tap here to enter text.
Property ownership details:	Choose an item. Name of housing association/local authority (if applicable): Click or tap here to enter text.		
Details of housing officer/landlord:	Name: Click or tap here to enter text. Contact number: Click or tap here to enter text. Email: Click or tap here to enter text.		
Date landlord consent received for requested works:	Click or tap to enter a date. Please note if this isn't provided the referral will not be accepted.		

Has the client had Sanctuary Scheme works previously?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what has changed since last referral? E.g. different/same perpetrator, new address, further incidents, a simple repair to previous works done etc. Click or tap here to enter text.
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INFORMATION REQUIRED BY LAMBETH HOMELESS PREVENTION SERVICE	
Ethnicity of the applicant: <input type="checkbox"/> White: English/Scottish/Welsh/Northern Irish/British <input type="checkbox"/> White: Irish <input type="checkbox"/> White: Gypsy/Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/> Mixed/multiple ethnic groups: White and Black Caribbean <input type="checkbox"/> Mixed/multiple ethnic groups: White and Black African <input type="checkbox"/> Mixed/multiple ethnic groups: White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background <input type="checkbox"/> Asian/Asian British: Indian <input type="checkbox"/> Asian/Asian British: Pakistani <input type="checkbox"/> Asian/Asian British: Bangladeshi <input type="checkbox"/> Asian/Asian British: Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Black/Black British: African <input type="checkbox"/> Black/Black British: Caribbean <input type="checkbox"/> Any other Black/Black British background <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Don't know/prefer not to say	
Gender of the applicant: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Don't know/prefer not to say	Sexuality of the applicant: <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Other sexuality <input type="checkbox"/> Don't know/prefer not to say
Does the applicant or a member of their household have any support needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone help the person with their support needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Support Needs (mark all that apply): <input type="checkbox"/> At risk of/has experienced domestic abuse <input type="checkbox"/> At risk of/has experienced abuse (non-DV) <input type="checkbox"/> Young person aged 16-17 <input type="checkbox"/> Drug dependency needs <input type="checkbox"/> Alcohol dependency needs <input type="checkbox"/> Young person aged 18-25 years requiring support to manage independently <input type="checkbox"/> Young parent aged under 21 requiring support to manage independently <input type="checkbox"/> Offending history <input type="checkbox"/> History of repeat homelessness <input type="checkbox"/> Care leaver aged 18-20 <input type="checkbox"/> Care leaver aged 21+ <input type="checkbox"/> History of rough sleeping <input type="checkbox"/> Physical ill health/disability <input type="checkbox"/> Former asylum seeker <input type="checkbox"/> History of mental health problems <input type="checkbox"/> Old age <input type="checkbox"/> Learning disability <input type="checkbox"/> Served in HM Forces <input type="checkbox"/> At risk of/experienced sexual abuse <input type="checkbox"/> Access to education, employment or training	
Assistance with support needs (mark all that apply): <input type="checkbox"/> No support offered <input type="checkbox"/> Engaged with support for mental health needs <input type="checkbox"/> Engaged with support for physical health needs <input type="checkbox"/> Engaged with support for drug dependency issues <input type="checkbox"/> Engaged with support for alcohol dependency issues <input type="checkbox"/> Engaged with support for domestic abuse issues <input type="checkbox"/> Engaged with support for learning disability needs <input type="checkbox"/> Engaged with housing related support/support with independent living skills <input type="checkbox"/> Engaged with debt advice service <input type="checkbox"/> Provided with local authority social care <input type="checkbox"/> Training in life skills, tenancy skills or other <input type="checkbox"/> Access to education, training or employment <input type="checkbox"/> Engaged with support for other needs	

<p>Is anyone in the household claiming benefits towards housing costs?</p> <p><input type="checkbox"/> No benefits</p> <p><input type="checkbox"/> Housing Benefit</p> <p><input type="checkbox"/> Universal Credit</p> <p><input type="checkbox"/> Don't known/refused to answer</p>	<p>Is anyone in the household claiming benefits towards living costs?</p> <p><input type="checkbox"/> No benefits</p> <p><input type="checkbox"/> Universal Credit</p> <p><input type="checkbox"/> Tax credits (WTC/CTC)</p> <p><input type="checkbox"/> Income Support / Carer's Allowance</p> <p><input type="checkbox"/> Jobseekers Allowance</p> <p><input type="checkbox"/> Employment and Support Allowance</p> <p><input type="checkbox"/> Disability benefits (PIP, DLA, AA, IB, IIDB)</p> <p><input type="checkbox"/> State Pension and/or Pensioner Credit (PC)</p> <p><input type="checkbox"/> Bereavement benefits (BP, WPA, BA, BSP)</p> <p><input type="checkbox"/> Don't know/refused to answer</p>
<p>Is the applicant a UK citizen?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – please name the country the applicant is a citizen of: Click or tap here to enter text.</p>	<p>What is the applicant's nationality?</p> <p><input type="checkbox"/> UK National habitually resident in the UK</p> <p><input type="checkbox"/> UK National returning from overseas / in the UK for the first time</p> <p><input type="checkbox"/> EEA National – please name the country: Click or tap here to enter text.</p> <p><input type="checkbox"/> Non- EEA National – please name the country: Click or tap here to enter text.</p>
<p>Is the application eligible for housing assistance? (please only tick one)</p> <p><input type="checkbox"/> British or Irish citizen habitually resident in the UK</p> <p><input type="checkbox"/> EEA citizen: worker</p> <p><input type="checkbox"/> EEA citizen: self-employed</p> <p><input type="checkbox"/> EEA citizen: permanent right to reside</p> <p><input type="checkbox"/> EEA citizen: other</p> <p><input type="checkbox"/> EEA citizen: a family member of one of the above</p> <p><input type="checkbox"/> Non-UK/EEA citizen: granted Refugee status</p> <p><input type="checkbox"/> Non-UK/EEA citizen: exceptional leave to remain</p> <p><input type="checkbox"/> Non-UK/EEA citizen: indefinite leave to remain</p> <p><input type="checkbox"/> Non-UK/EEA citizen: limited leave to remain</p> <p><input type="checkbox"/> Non-UK/EEA citizen: other protection (e.g. humanitarian, discretionary)</p> <p><input type="checkbox"/> Not eligible for housing assistance</p>	

FOR INTERNAL USE ONLY	
Date sent to contractors:	Click or tap to enter a date.