



# Lambeth Sanctuary Scheme

## Referral Form

Run in conjunction with The Gaia Centre

Please send completed referrals to [lambethsanctuary@refuge.org.uk](mailto: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 (dd/mm/yyyy):** 29/01/2026

**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 (dd/mm/yyyy)/Age:**

**Address:** Click or tap here to enter text

**Postcode:** Postcode

**Local authority:** Click or tap here to enter text

**Client's contact number:** Click or tap here to enter number

**Is this number safe to contact?**  No  Yes

**Safe and preferred time to call?** Click or tap here to enter text

(For the contractors to contact the client to arrange an appointment.)

**Interpreter required:**  No  Yes

If yes, which language: Click or tap here to enter text

**Are there any children who live in the household?**  No  Yes

If yes, please provide the following: Name: DoB: Gender (M/F):

Name

Name

Name

Name

Name

**Does the client have any dogs in the property?**  No  Yes

## Alleged perpetrator details

**Name of perpetrator:** Click or tap here to enter text

**Relationship to client:** Click or tap here to enter text

**Does the perpetrator have access to weapons?**  No  Yes

If yes, please provide further information:  
Click or tap here to enter text

**Specific threat of arson?:**  No  Yes

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If yes, please provide further information:  
Click or tap here to enter text

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**Other relevant information:**

Click or tap here to enter text

(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 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**

Click or tap here to enter text

**Additional locks**

Click or tap here to enter text

**Door chain**

Click or tap here to enter text

**Spy hole**

Click or tap here to enter text

**Window locks/alarms** (for ground floor and first floor property only)

Click or tap here to enter text

**Arson proof letterbox** (only if there has been a recent threat of arson)

Click or tap here to enter text

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

## Property information

**Date of moved in** (dd/mm/yyyy):

29/01/2026

**Type of tenancy:**

Click or tap here to enter text

**Property ownership details:**

Please select from this list

**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

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<b>Date landlord consent received for requested works:</b>	29/01/2026	Please note if this isn't provided the referral will not be accepted.
<b>Has the client had Sanctuary Scheme works previously?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>If yes, what has changed since last referral?</b>  E.g. different/same perpetrator, new address, further incidents, a simple repair to previous works done etc.</p> <p>Click or tap here to enter text</p>		

**Information required by Lambeth Homeless Prevention Service**

**Ethnicity of the applicant:**  
Please select from this list

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<b>Gender of the applicant:</b> Please select from this list	<b>Sexuality of the applicant:</b> Please select from this list
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**Does the applicant or a member of their household have any support needs?**  No  Yes

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**Does anyone help the person with their support needs?**  No  Yes

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**Support Needs** (mark all that apply):

<input type="checkbox"/> At risk of/has experienced domestic abuse	<input type="checkbox"/> Care leaver aged 18-20
<input type="checkbox"/> At risk of/has experienced abuse (non-DV)	<input type="checkbox"/> Care leaver aged 21+
<input type="checkbox"/> Young person aged 16-17	<input type="checkbox"/> History of rough sleeping
<input type="checkbox"/> Drug dependency needs	<input type="checkbox"/> Physical ill health/disability
<input type="checkbox"/> Alcohol dependency needs	<input type="checkbox"/> asylum seeker
<input type="checkbox"/> Young person aged 18-25 years requiring support to manage independently	<input type="checkbox"/> History of mental health problems
<input type="checkbox"/> Young parent aged under 21 requiring support to manage independently	<input type="checkbox"/> Old age
<input type="checkbox"/> Offending history	<input type="checkbox"/> Learning disability
<input type="checkbox"/> History of repeat homelessness	<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

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<b>Assistance with support needs</b> (mark all that apply):	<input type="checkbox"/> Engaged with support for domestic abuse issues
<input type="checkbox"/> No support offered	<input type="checkbox"/> Engaged with support for learning disability needs
<input type="checkbox"/> Engaged with support for mental health needs	<input type="checkbox"/> Engaged with housing related support/support with independent living skills
<input type="checkbox"/> Engaged with support for physical health needs	<input type="checkbox"/> Engaged with debt advice service
	<input type="checkbox"/> Provided with local authority social care

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- Engaged with support for drug dependency issues
- Engaged with support for alcohol dependency issues

- Training in life skills, tenancy skills or other
- Access to education, training or employment
- Engaged with support for other needs

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**Is anyone in the household claiming benefits towards housing costs?** (mark all that apply):

- No benefits
- Housing Benefit
- Universal Credit
- Don't know/refused to answer

**Is anyone in the household claiming benefits towards living costs?** (mark all that apply):

- No benefits
- Universal Credit
- Tax credits (WTC/CTC)
- Income Support / Carer's Allowance
- Jobseekers Allowance
- Employment and Support Allowance
- Disability benefits (PIP, DLA, AA, IB, IIDB)
- State Pension and/or Pensioner Credit (PC)
- Bereavement benefits (BP, WPA, BA, BSP)
- Don't know/refused to answer

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**Is the applicant a UK citizen?**

- Yes
- No – please name the country the applicant is a citizen of:  
Click or tap here to enter text

**What is the applicant's nationality?**

- UK National habitually resident in the UK
- UK National returning from overseas / in the UK for the first time
- EEA National – please name the country:  
Click or tap here to enter text
- Non- EEA National – please name the country:  
Click or tap here to enter text

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**Is the applicant eligible for housing assistance?**

Please select from this list

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**For internal use only**

**Date sent to contractors (dd/mm/yyyy):**

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