

RE>BUILD Agency Referral Form

REFERRAL FOR: FURNITURE PAINT

DATE: _____ AGENCY: _____

WORKER'S NAME _____ TEL NO _____

NAME & TELEPHONE NO. OF CLIENT YOU WISH TO REFER.

CLIENTS ADDRESS & POSTCODE: _____

_____ UPSTAIRS FLAT: YES/NO

CLIENT STATISTICAL INFORMATION (will be detached from client details on receipt)

Date: _____

Age: 16-19 20-25 26-40 41-64 65 and over

Individual Family Childrens Ages

Previous Accommodation

Hostel	<input type="text"/>	Bed and Breakfast	<input type="text"/>
Rough Sleeper	<input type="text"/>	Staying with friends and relatives	<input type="text"/>
Other temporary accommodation _____			
Not Applicable or other: _____			

Q1 We aim to treat everyone fairly regardless of race or ethnic origin. Please help us to make sure this is happening by telling us which ethnic group you belong to.

What is your ethnic group

Choose one section from A to E, then tick the most appropriate box to indicate your cultural background

A. White

British
 Irish
 Traveller of Irish Heritage
 Gypsy/Roma
 Any other White Background

Please write in _____

B. Mixed

White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed Background

Please write in _____

C. Asian or Asian British

Indian
 Pakistani
 Bangladeshi
 Any other Asian Background

Please write in _____

D. Black or Black British

Caribbean
 African
 Any other Black Background

Please write in _____

E. Chinese or other ethnic group

Chinese Other what.....

Q2 Is there anyone who relies on you for care and attention because of long term physical or mental ill -health or disability or problems relating to old age? (Do not count anything you do as part of your paid job)

Yes No

Q3 Do you consider yourself to have a disability or impediment as defined in the * Disability Discrimination Act 1995?

Yes No

*The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or mental impairment which has substantial long term adverse effects on his/her ability to carry out normal day to day activities.

Q4 Which religion / Belief do you follow

<input type="checkbox"/> Buddhism	<input type="checkbox"/> Judaism
<input type="checkbox"/> Christianity	<input type="checkbox"/> Sikhism
<input type="checkbox"/> Hinduism	<input type="checkbox"/> No religion
<input type="checkbox"/> Islam	<input type="checkbox"/> Other, please state _____

PLEASE FAX BACK TO 0161 764 0888