**Safe Space Housing**

**Referral Form**

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Company: |  |
| Contact Number: |  |
| Email: |  |

**Referrer Details**

**Applicant Details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Contact Number |  |  NI Number:  |
| Benefits |  |
| Status in the UK |  |
| Nationality  |  |
| **Previous Accommodation history**  |  |

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**Medical History**

**Criminal History**

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## **Support needs**

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| Details: (e.g., Homelessness, mental health, addiction) |