**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) |