

Veterans' Nomination Scheme referral form

Please complete this form and return by email, fax or post to:

**The Veterans' Nomination Scheme
Stoll
446 Fulham Road
London SW6 1DT**

**Phone: 020 7385 2110
Fax: 020 7381 7484
Email: vns@stoll.org.uk**

1. Referrer's contact details

Name and Job Role:
Organisation:
Address:
Work phone number:
Mobile number:
Email address:

2. Veteran's personal details

Name:	D.O.B:
Address:	Contact details:
Service no.:	Service branch: (e.g. Army/RAF/Navy)
Unit:	National Insurance Number:
Date of enlistment:	Date of discharge:

Reason for discharge:

Requested areas:

3. Medical information

Does the Veteran have a disability which needs to be taken into account, if an offer of accommodation is made? Yes No

If yes, please provide further details in the box below:

--

4. Referral details

Please provide details about the Veteran's service and life history, some background about their current situation and so on. Please also provide information about their ability to live independently.

Please address the following points:

Current housing situation, past issues (where relevant) and service history:

Economic status (income, e.g. self-employed, employed full time, etc):

Self care and living skills:

Managing money:

Drug and alcohol misuse (where applicable):

Physical health:
Emotional and mental health:
Managing tenancy and accommodation:
Motivation and taking responsibility:
Meaningful use of time:
Social networks and relationships:

5. Risk Assessment

Please state “yes” in the relevant boxes if there is a known current or past risk. If you state “yes” to any risk, please provide further details.

Safeguarding	Current	Past
Risk of abuse/exploitation from others (e.g. sexual, emotional, financial, physical etc)		
Risk of self-neglect, e.g failure to eat regularly or attend to basic tasks of self-care).		
Risk to self		
Risk of non-compliance with/or forgetfulness around taking medication		
Risk of harm to self		
History of suicidal thoughts/attempts.		
Risk to Others/Offending/Behaviour		
Current risk/past history of violence or verbal aggression		
History of sexual offences against adults or children		
Convictions; please include spent convictions and provide details		
History of collecting firearms/other weapons		
Is there anything else in the customer’s behaviour which gives cause for concern?		

Physical Health /Mental Health/Disability		
Risks due to physical or other disability		
Risks due to mental health		
Mobility-related problems and/or risks related to this (e.g. history of falls etc).		
Substance Misuse/Addictions		
Current risk/ history of drug misuse.		
Current risk/history of alcohol misuse		
Current risk/history of gambling problems		
Money and Finances		
Current risk/history of problems around managing finances.		
Lone Working		
Identified issues around lone working. If so, please provide details.		
<p>Details of risk issues If you have put "yes" to any of the above risk issues, please provide details and please state what risk management plans are in place, if applicable:</p>		

6. Declaration by Veteran

We may reject your referral, and any future tenancy you obtain may be at risk, if you have knowingly made a false statement on this application form.

I confirm that, as far as I know, the information I have given in connection with this application for the Veterans' Nomination Scheme is correct. I will tell you immediately if there is any change in my circumstances.

I give you and relevant partner agencies permission to make any reasonable enquiries to confirm any details I have given on this form.

Signature: _____ Date: _____

Data Protection Act 1998

We will put information you give on this form (called 'personal data' in the Act) on our computer system and process it for the purpose of helping you move. We may give your information to any person or organisation for this purpose or if the Act allows us to. We may also use your information for our own research purposes (but not for direct marketing). We are the 'data controller' for this information. You have the right to ask us for a copy of your information, and for a description of how we are using it and who we may give it to.

7. Declaration by Referrer

I confirm that, as far as I know, the information given on this form in connection with the Veteran's application for the Veterans' Nomination Scheme is correct. I will tell you immediately if there is any change in their circumstances.

Signature: _____ Date: _____

All information given is treated as confidential and covered under the Data Protection Act 1998

Equality and Diversity Monitoring Form

The following questions are used for the purposes of monitoring our Equality and Diversity Policy and ensuring that it is effective. They are not used when making decisions about your housing application. You are requested to complete this form as without it, it is not possible to monitor our policy. The information will be treated as strictly confidential. Please tick only one box per question.

I would describe my ethnicity as:

White

- British
 Irish
 Any other white background

Mixed

- White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background

Asian or Asian British

- Indian
 Pakistani



housing and helping Veterans for 100 years

- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other black background

Chinese or Other Ethnic group

- Chinese
- Any other ethnic group

I would describe my religion or belief as:

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
- No religion

I would describe my sexual orientation as:

- Lesbian
- Gay Man
- Bi-Sexual
- Heterosexual
- Other

Thank you for completing this form.